

# College Access Survey

*The College Access Committee, a sub-committee of the Champaign County Transition Planning Committee, is trying to determine the need for more options for students with ALL types of disabilities in pursuing additional education and/or training after high school. The Committee will propose recommendations to adult service providers based on survey results. Your willingness to complete this survey is greatly appreciated.*

1. Is your son/daughter with disabilities interested in further education and/or training after high school?

If **YES**, answer question **2a**.

If **NO**, answer question **2b**.

2a. Do you think there are adequate programs and support services available for your son/daughter to be successful?

- Yes, answer question 5.
- No, answer questions 3, 4 and 5.

2b. Do you think your son/daughter would be interested in future education and/or training if specialized services or programs were available to meet their needs?

- Yes, answer questions 3, 4 and 5.
- No, you are finished. **Please return the survey to your child's case manager.**

3. What additional supports would be important for success? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Personal assistant   | <input type="checkbox"/> Visual supports (e.g., picture schedules, charts, video, computer animations) |
| <input type="checkbox"/> Consistent person/place to go for help                               | <input type="checkbox"/> Classroom supports (e.g., interpreters, note takers, alternative formats)     |
| <input type="checkbox"/> Regular communication with parents                                   | <input type="checkbox"/> Testing accommodations (e.g., extended time, readers, alternative formats)    |
| <input type="checkbox"/> Transportation   | <input type="checkbox"/> Unusual/difficult behavior supports   |
| <input type="checkbox"/> Adaptive equipment   | <input type="checkbox"/> Individualized planning   |
| <input type="checkbox"/> Assistive technology   | <input type="checkbox"/> Addressing safety concerns  |
| <input type="checkbox"/> Modified, adapted curriculum/textbooks                               |  |
| <input type="checkbox"/> Social supports (e.g., social groups, clubs, networking or training) |  |
| <input type="checkbox"/> Other, please describe: _____  |  |

4. What additional program(s) are most needed? Check 1 or more.

- Separate vocational jobs training program
- Simplified, non-traditional job training program
- Regular college courses with additional support services (credit, pass/fail or no credit)
- Access to social activities, recreation, leisure, social, non-academic classes, clubs
- Other, please describe: \_\_\_\_\_

5. What areas of study or courses would most interest your child? *Please continue on the back if needed for more space and additional comments.*

**Please return this completed survey to your child's case manager.**

*Thanks for your assistance!*