



## Students with Autism Transitional Education Program (STEP)

### PERSPECTIVES & GOALS – *PARENT FORM*

STUDENT'S NAME: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

Date \_\_\_\_\_

Parents please include a copy of your son/daughter's current 504 plan or IEP or check here ☐ if you have already sent this information to the Office of Student Disability Services at EIU.

Please also include, if applicable, the most recent evaluation performed by psychology, neuropsychology, or speech-language pathology.

#### PART 1 – GOALS & EXPECTATIONS

1. What are your expectations for your son/daughter's academic life on campus?
2. What are your expectations for your son/daughter's social life on campus?
3. What are your expectations for your son/daughter's independent living on campus?

#### PART 2 – CONCERNS & POTENTIAL ROADBLOCKS

1. What are some factors that may impede your son/daughter's academic success? *Select all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Adjusting to college-level course | <input type="checkbox"/> Procrastination                    |
| <input type="checkbox"/> Heavy course load                 | <input type="checkbox"/> Test-taking challenges             |
| <input type="checkbox"/> Class attendance                  | <input type="checkbox"/> Time management                    |
| <input type="checkbox"/> Study Skills                      | <input type="checkbox"/> Difficulty starting large projects |
| <input type="checkbox"/> Organization skills               | <input type="checkbox"/> Stress or anxiety                  |
| <input type="checkbox"/> Difficulty remembering details    | <input type="checkbox"/> Interpersonal skills               |
| <input type="checkbox"/> Fatigue                           | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Easily distracted                 | <input type="checkbox"/> Other: _____                       |

2. What are some factors that may impede the quality and/or quantity of your son/daughter's interactions with peers? *Select all that apply.*

- ☐ Plans to commute
- ☐ Difficulty relating to peers
- ☐ Lack of motivation to meet new people
- ☐ Anxiety or stress
- ☐ Alcohol / drug concerns
- ☐ Financial concerns
- ☐ Personal Hygiene

- ☐ Difficulty making plans
- ☐ Interpersonal skills
- ☐ Time management
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

3. What are some factors that may impede your son/daughter's level of independence on campus? *Select all that apply.*

- ☐ Ability to handle stress / anxiety
- ☐ Difficulty adapting to new environments
- ☐ Depression
- ☐ Anxiety or stress
- ☐ Alcohol / drug concerns
- ☐ Financial concerns

- ☐ Time management
- ☐ Difficulty making decisions
- ☐ Lack of experience
- ☐ Personal Hygiene
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

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## PART 3 – STRENGTHS

1. What factors do you feel are your son/daughter's academic strengths? *Select all that apply.*

- ☐ Flexibility
- ☐ Time Management
- ☐ Perseverance
- ☐ Motivation
- ☐ Study skills
- ☐ Organization skills
- ☐ Planning skills
- ☐ Memory
- ☐ Attention to detail

- ☐ Stress Management
- ☐ Writing
- ☐ Reading
- ☐ Critical thinking
- ☐ Presentation skills
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

2. What factors do you feel are your son/daughter's social strengths? *Select all that apply.*

- ☐ Flexibility
- ☐ Easily relates to peers
- ☐ Enjoys making new friends
- ☐ Motivation to meet new people
- ☐ Motivation to become involved on campus
- ☐ Communication

- ☐ Loyalty
- ☐ Honesty
- ☐ Enjoys humor
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

3. What factors do you feel are your son/daughter's strengths for daily living? *Select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Flexibility  | <input type="checkbox"/> Independent Personal Hygiene                 |
| <input type="checkbox"/> Time Management                                      | <input type="checkbox"/> Use of personal organizational strategies    |
| <input type="checkbox"/> Prioritization                                       | <input type="checkbox"/> Ability to schedule medical appointments     |
| <input type="checkbox"/> Perseverance   | <input type="checkbox"/> Quick problem-solving when difficulty arises |
| <input type="checkbox"/> Stress Management                                    | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Experience (e.g., cooking, cleaning, transportation) | <input type="checkbox"/> Other: _____                                 |
|   | <input type="checkbox"/> Other: _____                                 |

4. What supports (services, medications, assistance, groups) does your son/daughter receive currently? Please star those that you think are most important for him/her.

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

5. What supports do you anticipate your son/daughter needing on campus?

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

6. Is there additional information that you feel it would be important for the STEP program to be aware of about your son or daughter?

**TURN OVER FOR NEXT FORM PLEASE** 