

EAST ISLIP UNION FREE SCHOOL DISTRICT

1 Craig B. Gariepy Avenue

Islip Terrace, NY 11752

Phone: (631) 224-2060 Fax: (631) 581-4071

www.eischools.org

7. What is your child's awareness of his/her disability? _____

8. Please list any medical concerns and/or medications taken: _____
 Medication(s): _____
 Dosage(s): _____
 Reason for Medication(s): _____
9. What are your child's future expectations? _____
 Are they realistic? _____
10. Are you familiar with agencies/programs that may be available to your child after high school (ACCES-VR, OPWDD, supported employment, vocational training, Medicaid, etc.)?
Yes No
11. Does your child have a Medicaid Service Coordinator/Care Coordinator?
Yes No
 If yes, please include their name and contact information: _____

Vocational Needs:

12. After exiting high school, I would like my child to participate in:
- | | |
|---|---------------------------------|
| Supported Employment | Vocational/ Trade School |
| Full/Part-Time Employment (independent) | Community Habilitation Services |
| Day Habilitation | Other: _____ |

13. What type of chores or responsibilities does your child have?

Chores/Responsibilities

14. What do you see as your child's vocational (employment-related) strengths? _____

15. What do you see as your child's vocational needs? _____

16. What skills do you think need to be developed in order for your son/daughter to reach his/her vocational goals? _____

22. What financial supports do you think your child will have/need after exit from high school?

Job Income

General Public Assistance

Trust/Will

Medicaid

Supplemental Security Income (SSI)

Other: _____

Additional Information:
