Independent Monitoring for Quality (IM4Q) 
Transition Pilot 
FY 2011-2012

MCI# __ __ __ __ __ __ __ __ __  BSU# __ __ __ __ __ __ __ __ __

Residential Provider Agency (if applicable): ________________________________

Adult Community Services Provider (if applicable): ________________________________

Person’s Address: __________________________________________________________

Supports Coordination Organization: ___________________________________________

Date of Interview: __ __/__ __/__ __ __ __

Date of Birth: __ __/__ __/__ __ __ __

In what type of place does this individual live? (obtain from pre-survey form)

1. State-Operated ICF/MR
2. State Mental Health Hospital
3. Homeless
4. Temporary Shelter
5. Foster Care
6. Incarceration
7. Nursing Home/Nursing Facility
8. Domiciliary Care
9. Personal Care Home (PCH)
10. Family Living/Life Sharing
11. Unlicensed Family Living/Life Sharing
12. Own Residence
13. Relative’s Home/Living with Family
14. Children’s Facility
15. Approved Private School
16. Other: ____________________________
17. Private ICF/MR (4 or fewer persons)
18. Private ICF/MR (5 to 8 persons)
19. Private ICF/MR (9 to 15 persons)
20. Private ICF/MR (16 or more persons)
21. Community Home (1 person)
22. Community Home (2 to 4 persons)
23. Community Home (5 to 6 persons)
24. Community Home (7 to 8 persons)
25. Community Home (9 to 15 persons)
26. Community Home (16 or more persons)
1. **Did you have a transition plan while you were in school?** (A transition plan helps you plan for what you will do once you leave school).
   1. Yes
   2. ______
   3. No
   4. 9. Don’t know, no response or unclear response

2. **What kinds of activities were in your transition plan to get you ready for graduation/adult life?** Check all that apply.
   1. Work/Employment
   2. College
   3. Trade School
   4. Living independently or with roommates
   5. Medical services and supports
   6. Recreation
   7. Other (Please specify: _________________________________)

3. **Who started the transition process for you/with you?**
   1. School
   2. Student (I did)
   3. My parents
   4. Someone else (Please specify: _________________________________)
   5. 9. Don’t know, no response or unclear response

4. **Who was included in your transition process for you/with you?** Check all that apply.
   1. School
   2. Student (I did)
   3. My parents
   4. Someone else (Please specify: _________________________________)
   5. 9. Don’t know, no response or unclear response

5. **How old were you when you first talked about planning for your life after graduation?** (If you don’t remember please estimate how old you were).
   1. _________ # of years old
6. Did you work (paid work) or volunteer while you were in school?

   1. Yes, I worked.
   2. Yes, I volunteered.
   3. Yes, I worked and volunteered.
   4. No
   5. Don’t know, no response or unclear response

6a. What type of work/volunteer activity did you do: __________________________

7. What did your team discuss in planning for your future? Check all that apply.

   ___ Work after school
   ___ Summer job
   ___ A job at a local business
   ___ Learning to use transportation
   ___ Attending a technical or trade school
   ___ Volunteering
   ___ Post secondary education/college/trade school
   ___ Pre-vocational training/sheltered employment
   ___ Other Specify: ___________________________________________

8. Are you working now for pay?

   1. Yes
   2. No
   3. Don’t know, no response or unclear response

9. On average, how many hours do you usually work each week? (If you don’t know the exact number please estimate the total number of hours).

   ___ ___ hours per week

10. How much do you earn per hour? (If you don’t know the exact number please estimate how much you earn per hour).

    $ ___ ___ . ___ ___ per hour
11. How much do you earn in an average week? (If you don’t know the exact number please estimate how much you earn per week).

$___ ____ ___ per week

12. What kind of work are you doing?

________________________________________________________________________

13. What school district were you in when you were in school?

________________________________________________________________________

14. After you graduated from school was transportation an issue for you?

1. Yes (Explain: ________________________________)

   ___

0. No

9. Don’t know, no response or unclear response

15. Is there public transportation in your area?

1. Yes

___

0. No

9. Don’t know, no response or unclear response

16. Do you know how to use it?

1. Yes

___

0. No

9. Don’t know, no response or unclear response

17. Did you receive training in the use of public transportation while you were in school?

8. Not applicable – no public transportation in my area

1. Yes

___

0. No

9. Don’t know, no response or unclear response
18. What do you do for fun?
____________________________________________________________________
____________________________________________________________________

19. What was the most helpful thing/person to you in the transition process?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

20. What was the least helpful thing/person to you in the transition process?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

21. Who answered most of these questions?
   1. Individual
   2. Family
   3. Individual and Family
   4. Provider
   5. Other (Specify:____________________________________________________)