# PARENT READINESS SURVEY

(To be completed by parent or support person)

## Applicant Information

|  |  |
| --- | --- |
| Student Name | Parent/Guardian Name |

## Student Safety

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| --- | --- |
| I expect one-on-one support for my student all day. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I worry about my student talking to other students unsupervised. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I worry about my student crossing the street. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I check to see if my student has the correct facts. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |

## Post-Secondary Programs

|  |  |
| --- | --- |
| I expect to know everything my student does at college. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I need to know the homework assignments for each class my student takes in college. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I need to know the calendar of social activities offered to my student. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I know my student, with support, will develop friendships. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I know my student, with support, will try new opportunities. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |

## Direct Involvement

|  |  |
| --- | --- |
| I would like to attend classes to see my student interact with others. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |

## Direct Involvement (Cont.)

|  |  |
| --- | --- |
| Often, I am in contact with my student more than three times a day. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| Often, I am telling my student what to do or say. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I check up on my student in person, if I can. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I understand I will have very limited contact with the Bear POWER Program and that communications will go through my child. | * Yes * No |

## Student’s Strengths and Challenges

|  |  |
| --- | --- |
| My student has the ability to handle frustration appropriately. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I trust my student’s judgement. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| My student has the ability to seek assistance. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |

## Student’s Strengths and Challenges (Cont.)

|  |  |
| --- | --- |
| I believe I am ready for my student to leave home to college. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I feel that my student knows what is best for him/herself. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |

## Concerns about the Future

|  |  |
| --- | --- |
| I believe a post-secondary education is important for my student. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| I feel that my student wants to attend college. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| My student will live independent of our family after graduation. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |
| My student will have meaningful employment after graduation. | * Strongly Agree * Agree * Neutral * Disagree * Strongly Disagree |