SDTP student #

Family Member Self-Efficacy Form

**Directions:** Read each statement then circle the box that matches what you think you can do.

**1. At the next IEP meeting I know I can talk about my child’s disability.**

Strongly Strongly

Disagree Disagree Agree Agree

**2. I know the meaning of IEP transition words like Summary of Performance, Plan of Study, and Present Level of Educational Performance.**

Strongly Strongly

Disagree Disagree Agree Agree

**3. I know I can tell the IEP team about the job my child wants after graduation.**

Strongly Strongly

Disagree Disagree Agree Agree

**4. I know I can tell the IEP team about my child’s goal of getting more education after graduating from high school.**

Strongly Strongly

Disagree Disagree Agree Agree

**5. I know I can tell the IEP team about where my child will live after graduation.**

Strongly Strongly

Disagree Disagree Agree Agree

**6. I know I can tell the IEP team about the course of study that will help my child reach his/her transition goals.**

Strongly Strongly

Disagree Disagree Agree Agree

**7. I know I can tell the IEP team about the adult supports and services my child might need after graduating from high school.**

Strongly Strongly

Disagree Disagree Agree Agree