Office of Accessibility Resources
Onondaga Pathways to Careers
Family Questionnaire

This Questionnaire is optional -
The information will be used for planning and referral purposes.

1. How is your student adjusting this semester?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2. Is your son or daughter living at home or on campus?
   __Yes __No

3. Does your college student drive?
   __Yes __No
   If commuting, how do they travel to camps?
   __Car __Public Transit/Bus __Other: __________________________

4. Does your son or daughter take medication?
   __Yes __No

5. Can they take it independently?
   __Yes __No

6. Has your family reviewed the College's FERPA form?
   __Yes __No

7. Is your son or daughter registered with ACCES-VR?
   __Yes __No
8. Concerns?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

9. Are there additional services that could benefit your student?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

10. Please rank your student:

    **Self-Advocacy Skills**

     ___Poor ___Average ___Good ___Excellent

    **Study Skills**

     ___Poor ___Average ___Good ___Excellent

    **Stress Management Ability**

     ___Poor ___Average ___Good ___Excellent

11. Where do you see your son or daughter in 3-5 years?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________