

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?
