



LEVEL I VOCATIONAL INTERVIEW - STUDENT

Date of Assessment: , ,

Student Name:

NYC ID:

DOB: Grade:

Language of Assessment:

1. What classes do you like best in school?
2. What classes do you like the least?
3. Are you involved in activities (clubs, sports, band, etc.) in school?
4. What do you do with your spare time? Do you have any hobbies?
5. Do you like to work by yourself or with a group?
6. What kind of job do you think you would like to do when you graduate?

7. What do you have to do to prepare for this kind of work?

8. What are the things that you do best?

9. What things are hard for you to do?

10. Do you have any jobs at home? If yes, please describe.

This is to affirm that I personally conducted the enclosed Assessment in its entirety and prepared the accompanying written report and solely responsible for its contents.

Evaluator's Name: _____ **Telephone #:** _____ **NYS License#:** _____
Discipline: _____ **Provider Type:** _____

Language: _____

Date of Report: _____

Action taken Approved Revised

by Supervisor: Provide reason for returning the case to the evaluator:
Please specify: