



LEVEL I VOCATIONAL INTERVIEW-PARENT/GUARDIAN

Date: , ,

Student Name:

NYC ID:

DOB: Grade:

Language of Assessment:

VOCATIONAL NEEDS

After graduation from school, what do you think your child will be doing?

- Vocational School/Training
- College
- Seeking employment; if so, what type?
- Other

What are your child's special interests?

What are your child's strengths?

What kind of jobs does your child seem interested in?

What skills do you think need to be developed to help your child reach **{.his,her}** goals?

Does your child have any medical conditions that would affect **{.his,her}** ability to work or go to college or vocational school?

INDEPENDENT LIVING/PERSONAL MANAGEMENT

What chores or responsibilities does your child currently have at home?

What other tasks would you like your child to perform at home?

After graduation from school, where and with whom do you expect your child to live?

Would your child be able to travel to and from work?

How does your child spend {his,her} leisure time?

In which of the following areas of independent living does your child need instruction?

<input type="checkbox"/> Clothing care	<input type="checkbox"/> Time management	<input type="checkbox"/> Consumer skills
<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Organization	<input type="checkbox"/> Interpersonal skills
<input type="checkbox"/> Hygiene / grooming	<input type="checkbox"/> Getting along with others	<input type="checkbox"/> Safety
<input type="checkbox"/> Travel training	<input type="checkbox"/> Self-advocacy	<input type="checkbox"/> Appropriate behavior
<input type="checkbox"/> Community awareness	<input type="checkbox"/> Household management	<input type="checkbox"/> Problem solving
<input type="checkbox"/> Financial management	<input type="checkbox"/> Health / first aid	

GENERAL

How would you like the school district to help you plan for your child's needs after {she,he} graduates?

ADDITIONAL COMMENTS

Please indicate any additional comments that will help us plan for your child's future.

Name of Parent/Guardian completing this form

Date of Assessment