Level 1 Vocational Assessment

Parent/Guardian Interview

Name: _____Date: _____

School: _____SS# _____

Address: _____DOB: _____

Expected Date of Graduation: _____Phone # _____

Parent/ Guardian Name _____

Please answer the following questions so we can understand your son/daughter's' plan and needs for the future.

WORK/COMMUNITY

1. In which kind of things does your son/daughter seem interested in (computers, sports, TV, games, family, etc)?

2. What kind of jobs/tasks has your son/daughter talked with you about?

3. Does your son/daughter do any chores at home (laundry, cleaning, etc)?

4. What kind of work would you like to see your son/daughter do when he/she gets older?

5. Does your son/daughter feel comfortable talking to peers and/or adults?

6. Does your son/daughter add to the conversation or just listen?

7. Do you believe that your son/daughter might go with a stranger?

8. Does your son/daughter know who and when to ask for help?

9. Does your son/daughter get along with other children and/or adults? Who does your son/daughter get along with better?

10. Please list any medical concerns and/or medications your son/daughter is on.

Personal Management/Living Arrangements

1. Does your son/daughter keep his/her room clean?

   Does your son/daughter help with the dishes?

   Does your son/daughter take good care of things? (Keeps things in good condition)?

2. Following graduation do you see your son/daughter living at home, living independently or in some other living arrangement?

3. In which of the following independent living areas does your son/daughter need instruction? (Please circle all that apply)

Clothing Care	Self Advocacy	Meal Prep/Nutrition
Household Management	Safety	Hygiene/Grooming
Health/First Aid	Travel Training	Consumer Skills
Community Awareness	Interpersonal Skills	Problem Solving
Time Management /Organization	Getting along with Others	Communication Skills
Appropriate behaviors	Sex Education	Other (Specify)

4. At what age do you expect your son/daughter to travel to school by him/herself?

5. How does your son/daughter spend his/her leisure time?

6. What do you feel is lacking in your son/daughter's leisure/recreational activities?

7. How do you spend time as a family?

8. Please list any special alerts (allergies, chronic illnesses, seizures that you feel employers may need to be made aware of).

Comments: