**LEVEL 1 VOCATIONAL INTERVIEW – PARENT/GUARDIAN**

 **DATE OF ASSESSMENT:**

 **STUDENT NAME:**

 **DOB:**

 **PARENT NAME:**

 **ACADEMICS**

1. AFTER GRADUATION FROM HIGH SCHOOL, WHAT PLANS DO YOU HAVE FOR YOUR CHILD? (I.E., VOCATIONAL SCHOOL, COLLEGE, JOB, ETC.)
2. HAS YOUR CHILD EXPRESSED INTEREST IN A CAREER CHOICE/JOB?
3. WHAT WOULD YOU LIKE TO SEE YOUR CHILD DO?
4. WHAT ARE YOUR CHILD’S ACADEMIC STRENGTHS IN SCHOOL?
5. WHAT DO YOU THINK IS LACKING IN YOUR CHILD’S ACADEMIC SKILLS?
6. DOES YOUR CHILD READ OR STUDY INDEPENDENTLY AT HOME?
7. DO YOU HAVE ANY CONCERNS REGARDING YOUR CHILD’S PROMOTION FOR THIS YEAR?

 **SOCIAL/EMOTIONAL**

1. DOES YOUR CHILD GET ALONG WELL WITH PEERS?
2. DOES YOUR CHILD RESPOND APPROPRIATELY TO TEACHERS AND OTHER AUTHORITY FIGURES?
3. DO YOU HAVE ANY CONCERNS RELATED TO YOUR CHILD’S SOCIAL SKILLS?
4. DO YOU HAVE ANY CONCERNS RELATED TO YOUR CHILD’S EMOTIONAL SKILLS?
5. **PHYSICAL**
6. DOES YOUR CHILD HAVE:
7. GLASSES? (CIRCLE) – YES / NO
8. HEARING AIDS? (CIRCLE) – YES / NO
9. ALLERGIES? (CIRCLE) – YES / NO

IF YES, PLEASE LIST:

1. TAKE MEDICATION? (CIRCLE) – YES / NO

IF YES, PLEASE LIST:

1. DO YOU HAVE ANY CONCERNS RELATED TO YOUR CHILD’S PHYSICAL DEVELOPMENT?

 **INDEPENDENT LIVING/PERSONAL MANAGEMENT**

1. DOES YOUR CHILD CURRENTLY HAVE CHORES OR RESPONSIBILITIES AT HOME? (CIRCLE) – YES / NO
2. DOES YOUR CHILD DRESS INDEPENDENTLY? (CIRCLE) – YES / NO
3. DOES YOUR CHILD BATHE INDEPENDENTLY? (CIRCLE) – YES / NO
4. DOES YOUR CHILD REQUIRE ASSISTANCE GETTING READY FOR BED? (CIRCLE) – YES / NO
5. CAN YOUR CHILD PREPARE MEALS FOR HER/HIMSELF? (CIRCLE) – YES / NO
6. CAN YOUR CHILD TRAVEL FROM PLACE TO PLACE INDEPENDENTLY? (CIRCLE) – YES / NO
7. IN WHICH OF THE FOLLOWING AREAS OF INDEPENDENT LIVING CAN YOUR CHILD IMPROVE ON? (PLEASE CHECK)
* CLOTHING CARE
* MEAL PREPARATION
* HYGIENE
* INDEPENDENT TRAVEL
* TIME MANAGEMENT
* ORGANIZATION
* GETTING ALONG WITH OTHERS
* SELF-ADVOCACY
* HEALTH
* INTERPERSONAL SKILLS
* SAFETY
* APPROPRIATE BEHAVIOR
* PROBLEM SOLVING
* MANAGEMENT OF MONEY

 ADDITIONAL COMMENTS: