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| **LEVEL 1 VOCATIONAL ASSESSMENT**  **PARENT/GUARDIAN INTERVIEW** |

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| --- | --- |
| Name: |  |
| Date: |  |
| School: |  |
| SS #: |  |
| Address: |  |
| DOB: |  |
| Expected Date of Graduation: |  |
| Phone: |  |
| Parent/Guardian Name: |  |

*Please answer the following questions so we can understand you 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)

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| --- | --- | --- |
| 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 Skill |
| 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:**