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| LEVEL 1 VOCATIONAL INTERVIEW- STUDENT |

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| Date of Assessment: |  |
| Student name: |  |
| NYC ID: |  |
| DOB: |  |
| School Name: |  |
| Grade: |  |

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, ect.) 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.