**Level 1 Vocational Interview**

**Parent or Guardian**

**Student**: **Date**:

**School**: **OSIS**#

**DOB**: **Class**: **Teacher**:

**Please take your time completing this form to help us meet your student’s needs. Please let your student’s teacher know if you would prefer to complete this form with his/her assistance in person or by phone. The teacher will review this form with you at your student’s IEP meeting.**

1. Who does your student live with? (Check all that apply and list names.)

 Mother(s)

 Father(s)

 Stepmother(s)

 Stepfather(s)

 Grandmother(s)

 Grandfather(s)

 Sister(s)

 Brother(s)

 Aunt(s)

 Uncle(s)

1. Who else plays an important role in your student’s life?
2. Is an agency involved in your student’s care? Yes No

If so, please list the agency name, care coordinator’s name & phone number:

1. What pets do you have at home?
2. What jobs does your student do at home?

 Clean his/her room Wash dishes

 Do laundry Go food shopping

 Cook Vacuum

 Take out garbage Make bed

 Take care of pet(s) Make own meals

 Dust Set/clear the table

Other (specify):

1. What activities of daily living is your student able to do? Please circle whether he/she can do them independently or with assistance.

 Shower independent with assistance

 Brush teeth independent with assistance

 Choose clothing independent with assistance

 Get dressed independent with assistance

 Tie shoes independent with assistance

 Toilet independent with assistance

1. What medical concerns/physical issues should we know about? (Please include if your student takes medicine, has any allergies, vision/hearing issues, and any medical alerts.)
2. Please list your concerns for your student in each of the following areas:

Education/Training:

Employment:

Independent Learning:

Social:

Behavioral:

1. Does your student have any dietary needs? Yes No

If yes, please explain:

1. What are your student’s strengths?
2. What are your student’s interests?
3. How does he/she spend free time at home?
4. After completion of high school, where do you want your student to live?

 At home with family

 In a residence/group home

 Independently

 Other (specify):

1. After completion of high school, what type of work/volunteer work would you like your student to do?
2. Is there anything else you would like us to know?

Thank you!