**Level 1 Assessment**

*Student Interview*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Id Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Assisting Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When you’re not at school, what do you like to do?

|  |  |  |
| --- | --- | --- |
| Work | Listen to music | Watch television |
| Computer | Cook | Be with friends |
| Be by myself | Go shopping | Play games |
| Sensory | Be with my family | Ipad |

1. What type of work do you like to do?

|  |  |  |
| --- | --- | --- |
| Clean | Sell snacks | Deliver materials |
| Work with children | Help with meals/ set the table | Work with animals |
| Restock Shelves | Laundry | Clerical Work |

1. Where would you like to work?

|  |  |  |
| --- | --- | --- |
| Grocery store | Animal store | Retail Store |
| Restaurant | Hospital | Gardening |
| Working with seniors | Volunteering | Office |

1. What are your favorite parts of the school day?

|  |  |  |
| --- | --- | --- |
| Reading/Writing | Math | Social Studies |
| Science | Gym | Yoga |
| Art | Photography | Music |
| ADL | Work Study | Speech /OT/PT |
| Career Education | Breakfast/Lunch | Being with my classmates |

1. What are your least favorite parts of the school day?

|  |  |  |
| --- | --- | --- |
| Reading/Writing | Math | Social Studies |
| Science | Gym | Yoga |
| Art | Photography | Music |
| ADL | Work Study | Speech /OT/PT |
| Career Education | Breakfast/Lunch | Being with my classmates |

1. What clubs/teams do you belong to or would like to join?

|  |  |  |
| --- | --- | --- |
| Chorus | Drama | Cheerleading |
| Girl Scouts | Comic book/anime | Basketball |
| Bowling | Special Olympics | Girls Club/Boys Club |

1. What are you favorite trips to take?

|  |  |  |
| --- | --- | --- |
| To a park | To a restaurant | Shopping |
| Bowling | Museum | To a movie theater |
| Zoo | Aquarium | Community Walk |

1. What chores do you help with at home?

|  |  |  |
| --- | --- | --- |
| Setting the table | Vacuuming | Making the bed |
| Cooking | Doing the dishes | Doing the laundry |
| Taking out the garbage | Getting the mail | Cleaning my bedroom |

1. What chores do you not like to do?

|  |  |  |
| --- | --- | --- |
| Setting the table | Vacuuming | Making the bed |
| Cooking | Doing the dishes | Doing the laundry |
| Taking out the garbage | Getting the mail | Cleaning my bedroom |

1. Is there something you would like to do before you leave high school?

|  |  |  |
| --- | --- | --- |
| Travel training | Trips | Hang out with friends |
| Work study | Extra Curricula’s | School based work program |

1. Where would you like to live after you leave high school?

|  |  |  |
| --- | --- | --- |
| With family | In a group home | In a supported apartment |