Level 1 Vocational Assessment

 Parent Interview

***Alternate Assessment***

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions so that we can better understand your child's plans and needs for the future.**

**Employment/Education/Training:**

*Post Exiting the DOE (Please check all that apply)*

***My child:***

**\_\_\_**\_\_\_ will work full/part time

\_\_\_\_\_\_ will participate in vocational training

\_\_\_\_\_\_ will participate in supported employment with a job coach

\_\_\_\_\_\_ will need a day habilitation setting/residential

\_\_\_\_\_\_ I don’t know

1. What kinds of jobs does your child seem interested in?
2. Describe your child’s strengths and talents.
3. What skills do you think need to be developed to help your child be successful in the future?
4. Please list any medical concerns and or medications taken.

**Thinking Skills:** *Ability to make decisions and solve problems*

 **Never Occasionally Most With**

 **of the time Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recognizes there is a problem and requests assistance |  |  |  |  |
| Solves routine problems in daily living(ie. indicates choice from menu, dresses appropriately for weather) |  |  |  |  |
| Demonstrates understanding of cause and effect (ie. burned when touches stove, consequences of inappropriate behavior) |  |  |  |  |
| Can follow multi step directions |  |  |  |  |
| Uses information to make simple decisions (ie. responds to safety alarms, follow traffic safety rules) |  |  |  |  |

**Daily Living**

 **With no With 1 Needs several Needs adult**

 **Reminders reminder reminders support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does his/her own personal grooming (ie. brushing teeth, shower) |  |  |  |  |
| Completes household chores( washing laundry, garbage, dishes) |  |  |  |  |
| Follows daily schedule and routines(ie. get up in the morning) |  |  |  |  |
| Can prepare a simple meal (ie. sandwich) |  |  |  |  |

What responsibilities does your child presently have at home?

**Living Arrangements –** *After exiting school (please check one)*

\_\_\_\_\_\_ live by him/herself

\_\_\_\_\_\_ live with roommate

\_\_\_\_\_\_ live with parents/relatives

\_\_\_\_\_\_ live in supervised apartment/house

\_\_\_\_\_\_ live in a group home

**Interpersonal Skills**

 **Never Occasionally Most With**

 **of the time Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gets along with others |  |  |  |  |
| Interacts appropriately with others in a variety of settings |  |  |  |  |
| Expresses feelings and ideas to others in the right way |  |  |  |  |
| Respects the space and property of others |  |  |  |  |
| Accepts direction from authority figures |  |  |  |  |

**Community Participation/other**

 **Yes No Unsure With Assistance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Able to use local public transportation |  |  |  |  |
| Navigates the community (ie. walks to corner store, friend’s house) |  |  |  |  |
| Demonstrates understanding to ask for help |  |  |  |  |
| Able to pay for items at a store independently |  |  |  |  |

What does your child spend his/her leisure time doing?

What concerns and or questions do you have for your child’s education and future plans?

Do you have a Medicaid Service Coordinator (MSC)? \_\_\_\_\_\_yes \_\_\_\_\_\_no \_\_\_\_\_\_\_ unsure

If yes, Name of agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_