

Student
Vocational
Questionnaire





Student: _____ Date: _____

Age: _____ Grade: _____ School: _____

***If student received assistance, please put interviewer's name and title: _____*

Employment:

1) What do you like about school? What are your favorite subjects?

2) What don't you like about school? What is most difficult?

3) What would you like to learn more about?

4) What would you like to do when you graduate from high school? (jobs, activities, hobbies, etc.)

5) What do you think you have to do to prepare for this?

6) What job(s) do your parents/guardians have?

7) Have you had any job experiences (in school/out of school)?

8) What have you learned from these job experiences?

Academic: Rate your skills in the following areas:

1. Observation Skills: Your ability to learn from pictures/diagrams/models/demonstrations.
 Good **Fair** **Poor**

2. Listening Skills: Your ability to listen carefully and completely to instructions.
 Good **Fair** **Poor**

3. Speaking Skills: Your ability to verbally express your ideas and questions to others.
 Good **Fair** **Poor**

4. Reading Skills: Your ability to understand signs.
 Good **Fair** **Poor**
Your ability to read instructions (for example, a recipe).
 Good **Fair** **Poor**
Your ability to follow a list.
 Good **Fair** **Poor**

5. Writing Skills: Your ability to copy notes in class.
 Good **Fair** **Poor**
Your ability to write answers on a test.
 Good **Fair** **Poor**
Your ability to write a story or essay.
 Good **Fair** **Poor**

6. Math Skills: Your ability to add/subtract.
 Good **Fair** **Poor**
Your ability to multiply/divide.
 Good **Fair** **Poor**
Your ability to tell time.
 Good **Fair** **Poor**
Your ability to use money.
 Good **Fair** **Poor**

7. Do you miss a lot of school?

- Yes No

8. Are you on time for class?

- Yes No

9. Do you pay attention in class?

- Yes No

10. Do you participate in class?

- Yes No

11. Do you finish your schoolwork on time?

- Yes No

12. Do you study for tests? How?

- Yes No

13. List some things your friends/family/teachers would say you're good at.

14. List some things that you need to get better at doing (ex. Getting along with others, learning math, being on time)

15. How do you learn best:

- by seeing demonstrations by hearing instructions by practicing
 by working with others by seeing a demonstration and hearing instructions
 other way(s): please list

16. Check the accommodations that you believe you need to be successful in school.

- | | |
|---|--|
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Special location for tests |
| <input type="checkbox"/> Extended time | <input type="checkbox"/> Large print |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Work presented in an alternate manner |
| <input type="checkbox"/> Specialized seating | <input type="checkbox"/> Scribe |

Other (please specify)

Social Skills

Rate the following:

1. Your relationships with your teachers:
 Good **Fair** **Poor**
2. Your Relationships with your classmates:
 Good **Fair** **Poor**
3. Your relationships with your friends:
 Good **Fair** **Poor**
4. Your relationships with your family:
 Good **Fair** **Poor**

5. How do you spend your spare time (hobbies/interests/clubs)?

6. Do you belong to any school and/or community groups/clubs? If so, what?

Community Living

1. Do you enjoy physical activity? If so, what?

2. Do you participate in regular physical activity?

3. Do you enjoy art?

4. Do you enjoy music?

5. Do you enjoy video games?

6. Do you have lots of energy or do you tire easily?

7. Do you have or do you plan on getting a driver's license?

8. When you get older where would you like to live? With whom?
