

WESLACO INDEPENDENT SCHOOL DISTRICT
Special Education Department
Functional Vocational Evaluation: Student Interview

The purpose of this interview is to obtain information from the student regarding his/her strengths, preferences, and interests as part of transition planning prior to age 14. Updated Annually.

Student: _____ **ID #:** _____ **Date(s):** _____

Grade : 6th 7th 8th 9th 10th 11th 12th

Age: 11 12 13 14 15 16 17 18 19 20 21 22

School:

<input type="checkbox"/> B. Garza	<input type="checkbox"/> Central	<input type="checkbox"/> Cuellar	<input type="checkbox"/> Mary Hoge	<input type="checkbox"/> WHS	<input type="checkbox"/> WEHS	<input type="checkbox"/> SPGHS	<input type="checkbox"/> CTECHS
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1. What kind of chores can you do at home? sweeping /mopping washing dishes washing clothes taking out the trash making the bed ironing cleaning the toilet other _____

2. If you had to prepare a meal for yourself, what would it be? _____
 Which of these can you use? the stove the microwave the can opener the toaster the oven

3. Do you help with grocery shopping? yes no you go with your family you go on your own.

4. What is your favorite home activity? TV sports video phone computer electronic device(s)
 drawing other _____

5. Where do you plan to live after graduation? with family dorm with friends other _____

6. Are you able to handle money? yes no ID money (coins & bills) save money at home
 can make change have a bank account have a savings account other _____

7. What are your hobbies and spare time activities?

<input type="checkbox"/> arts & crafts	<input type="checkbox"/> video games	<input type="checkbox"/> sports	<input type="checkbox"/> TV
<input type="checkbox"/> bicycling	<input type="checkbox"/> fishing/hunting	<input type="checkbox"/> swimming	<input type="checkbox"/> going out with friends
<input type="checkbox"/> music	<input type="checkbox"/> drawing	<input type="checkbox"/> cooking/baking	<input type="checkbox"/> other:

8. What type of job or career are you interested in doing after graduation? _____

9. What are your job/school related strengths?

<input type="checkbox"/> being organized	<input type="checkbox"/> dependable	<input type="checkbox"/> well-groomed	<input type="checkbox"/> motivated	<input type="checkbox"/> respectful
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10. What are your job/school related weaknesses? academics - reading, writing, math
 transportation health attendance communication other _____

Transition Interview continued

Student: _____ ID #: _____ Date(s): _____

11. What kind of working conditions would you prefer?

<input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> both	<input type="checkbox"/> with people <input type="checkbox"/> with things <input type="checkbox"/> with ideas	<input type="checkbox"/> moving around <input type="checkbox"/> being still <input type="checkbox"/> both
<input type="checkbox"/> in a busy place <input type="checkbox"/> in a quiet place <input type="checkbox"/> both	<input type="checkbox"/> in a uniform <input type="checkbox"/> in dress clothes <input type="checkbox"/> in casual clothes	<input type="checkbox"/> w/supervision <input type="checkbox"/> w/o supervision <input type="checkbox"/> both
<input type="checkbox"/> during the day <input type="checkbox"/> during the night <input type="checkbox"/> both	<input type="checkbox"/> in one place <input type="checkbox"/> in several places <input type="checkbox"/> both	<input type="checkbox"/> part-time <input type="checkbox"/> full-time

12. What documents do you have?

<input type="checkbox"/> birth certificate	<input type="checkbox"/> school picture ID	<input type="checkbox"/> public library card	<input type="checkbox"/> insurance card
<input type="checkbox"/> permit/driver's license	<input type="checkbox"/> voter registration card	<input type="checkbox"/> selective service registration (male, age 18+)	<input type="checkbox"/> auto insurance
<input type="checkbox"/> checking or savings account	<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____

13. What CTE/vocational classes have you experienced? on the job training keyboarding career orientation
 other: _____ other: _____ other: _____

14. Have you ever filled out a job application? yes no If yes, where? _____

15. Have you ever had an interview for a job? yes no If yes, where? _____

16. What job/volunteer experiences have you had? _____

17. Are you working now? yes no If yes, where? _____

18. After high school, what type of plans do you have?

<input type="checkbox"/> 1-2 year college	<input type="checkbox"/> 4 year college
<input type="checkbox"/> military <input type="checkbox"/> army <input type="checkbox"/> navy <input type="checkbox"/> marines <input type="checkbox"/> air force <input type="checkbox"/> coast guard	<input type="checkbox"/> law enforcement <input type="checkbox"/> police officer <input type="checkbox"/> security guard <input type="checkbox"/> highway patrol <input type="checkbox"/> border patrol <input type="checkbox"/> sheriff
<input type="checkbox"/> vocational/technical school <input type="checkbox"/> other _____	<input type="checkbox"/> work force: <input type="checkbox"/> competitive (no support needed) <input type="checkbox"/> supported w/job coach
<input type="checkbox"/> stay at home: <input type="checkbox"/> day habilitation <input type="checkbox"/> volunteer <input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____

19. Are there outside agencies that provide services to you? counseling speech medical
 home provider occupational therapy other _____

20. What kind of help/accommodations do you need to be successful in learning? extra time
 calculator reading assistance computer reduced tasks tutoring other _____