

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

Student: _____ ID#: _____ School: _____ Grade: _____

Mother: _____ Father: _____ Guardian: _____

The purpose of this interview is to obtain information to assist in planning prevocational and vocational training for the student. Please complete and return to _____ at _____

1. What plans do you have for your student after high school'?

- College Vocational/Technical School Community College No Further Education – Work
 Other: _____

2. All jobs can be classified into the areas of working with people, data, and things. In which area(s) would your son/daughter be most successful? (Please rank 1, 2, 3 in the blanks with 1 being the strongest.)

___ People ___ Data, Figures, or Paper ___ Things, Tools, or Equipment

3. Does your child have a social security card? YES NO

If yes, give number _____

If no, would you like help for him/her in getting one? YES NO

4. Does your child have supplemental security income (SSI)? YES NO

If no, do you need assistance in applying for SSI? YES NO

5. The following are 12 job-type groupings based on the kinds of activities workers do while on the job. Please check below what you think your child would like or dislike:

	Like	Dislike		Like	Dislike
Artistic	<input type="checkbox"/>	<input type="checkbox"/>	Business Detail	<input type="checkbox"/>	<input type="checkbox"/>
Scientific	<input type="checkbox"/>	<input type="checkbox"/>	Selling	<input type="checkbox"/>	<input type="checkbox"/>
Plants, Animals	<input type="checkbox"/>	<input type="checkbox"/>	Accommodating	<input type="checkbox"/>	<input type="checkbox"/>
Protective	<input type="checkbox"/>	<input type="checkbox"/>	Humanitarian	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	Lead/Influence	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	Physical Performing	<input type="checkbox"/>	<input type="checkbox"/>

6. For each line below, check one blank, which best describes you child.

	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along well with other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes jobs at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows your rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Person Completing Form (note if by phone)

 Date