



Oyster Bay - East Norwich Central School District
Department of Special Services
150 East Main Street
Oyster Bay, New York 11771
(516) 861-3200 • Fax: (516) 802-8031

Level I Vocational Interview-Parent/Guardian

Student Name _____ Parent Name _____
Classification _____ Placement _____
Contact Information _____ Date _____

VOCATIONAL NEEDS

1. After graduation from school, what do you think your child will be doing?
2. Do you think your child will be seeking employment; if so, what type?
3. What are your child's special interests?
4. What are your child's strengths academically? Socially?
5. In what school subjects does your child seem to show an interest?
6. What kind of jobs does your child seem to show an interest?

7. What skills do you think need to be developed to help your child reach his/her goals?

8. Does your child have any medical conditions that would affect his/her ability to work or go to college or vocational school?

INDEPENDENT LIVING/PERSONAL MANAGEMENT

1. What chores or responsibilities does your child currently have at home?

2. What other tasks would you like your child to perform at home?

3. After graduation from school, where and with whom do you expect your child to live?

4. If your child chooses to seek employment, how will they travel to and from work?

5. How does your child spend his/her leisure time?

6. Is your child involved in any after school club or activity?

Explain the areas of independent living where your child excels or needs instruction:

Clothing care

Meal preparation

Hygiene / grooming

Travel training

Community awareness/experiences

Financial management

Time management

Organization

Getting along with others/Respecting Authority

Self-advocacy

Household management

Health / first aid

Consumer skills

Interpersonal skills

Safety

Appropriate behavior

Problem solving

GENERAL

In what ways has Oyster Bay helped you plan for your child's needs after she/he graduates?

ADDITIONAL COMMENTS

Please indicate any additional comments that will help us plan for your child's future.

**Level I Career Assessment
Parent Questionnaire**

Student Name: _____ **Grade:** _____

Parent Name: _____ **Date:** _____

Classification _____ **Placement** _____

Work Behaviors/Habits	Consistent	Sometimes	Inconsistent
Cooperates at home			
Follows directions at home			
Stays on task during home activities			
Completes chores assigned at home			
Gets along with parents/guardians			
Gets along with siblings/relatives			
Gets along with friends			
Uses free time constructively			
Does homework without being told			
Accepts constructive criticism			

My child has had the following jobs:

My child has expressed an interest in the following jobs after graduation:

I believe my child would succeed in the following vocational area:

With proper training, I believe my child would succeed in the following vocations:

Strength Based Assessment: Parent Interview Form
For Non-Verbal Students and/or Students in Programs for Multiple Disabilities

Student Name _____ **Parent/Guardian Name** _____
School _____ **Student DOB** _____ **Age** _____
Classification _____ **Placement** _____

1. How does your child express happiness when enjoying an activity?

2. How does your child communicate being unhappy when involved in an activity?

3. How does your child communicate:

Discomfort:

Hunger:

Thirst:

Hot:

Cold:

Sick:

4. What is your child's primary mode of communication?

5. List the activities your child enjoys:

6. What are your goals for your child upon completion of high school?

7. Where do you expect your child to live post-graduation?

Any additional notes/comments:

Level 1 Assessment – Transition Planning
Parent/Guardian Questionnaire

Personal Data:

Name of Student _____ Parent/Guardian _____

Student D.O.B. _____ Age: _____ Date: _____

Classification _____ Placement _____

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EDUCATIONAL NEEDS

1. After graduation, where do you think your child will be attending school?

2. List the colleges your child is intending to send an application.

3. What is your child’s intended major or present area of interest?

4. What are your child’s future employment goals?

5. What skills do you believe your child will need to attain to achieve these goals?

6. What are your child’s strengths?

- 7. What are your child's areas of weakness?**

- 8. Does your child understand the impact of his/her disability on his/her education? Social Skills?**

- 9. Do you believe your child will need any special accommodations when attending college?**

- 10. Where will your child be living while he/she attends college?**

- 11. What level of supervision does your child need outside of school? Do you feel comfortable leaving your child home alone?**

- 12. Does your child have any physical, emotional or medical conditions that may impact his/her learning? If yes, explain. What impact might these conditions have on his/her future?**

- 13. Does your child take any medication regularly that may assist or hinder his/her academic success? List the name of the medication and the reason needed.**

Activities for Daily Living

Please explain the skills your child has and/or needs to improve to succeed in college:

Clothing care

Meal preparation

Hygiene / grooming

Travel training

Community awareness

Financial management

Time management

Organization

Getting along with others

Self-advocacy

Household management

Health / first aid

Consumer skills

Interpersonal skills

Safety

Appropriate behavior

Problem solving

Accepting constructive criticism

Taking directions from authority figures