

Family Interview Questionnaire

Information from the student/family interview questionnaire will guide students, families, schools, and other agencies as they work together to prepare students' transition to the world of work, further education, and community living. It may be helpful if the student and other family members complete questionnaires separately, and compare and discuss ideas before the IEP meeting. Sharing completed questionnaires with other committee members will increase their understanding of the student's plans and ideas for the future.

Student Name: _____ Date: _____

Current Address: _____

Current Phone Number: _____ Date of Birth: _____

Expected Date of Graduation/School Completion: _____

Parent/Guardian's Name: _____

I. Vocational Needs

1. After graduating from school, what career path would you like your student to follow?

2. What kinds of jobs seem most interesting to your student? _____

3. What kinds of jobs does your student most dislike? _____

4. What vocational training programs do *you* prefer for your student? _____

5. What jobs do you *not* want your student to do? _____

6. What medical concerns, if any, do you have about your student's vocational placement?

7. What skills does your student need to develop to reach his/her career goals? _____

8. In what vocational education classes would you like your student to enroll? _____

9. What job do you see your student doing after school is completed? _____

II. Further Education (Please answer the following if the student is considering attending college, business, or trade school. If not, skip to Section III)

1. Beyond high school, what education would you like your student to obtain?

- | | |
|--|---|
| <input type="checkbox"/> Business School | <input type="checkbox"/> Adult and Continuing Education |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> Two-year College |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Four-year College |
| | <input type="checkbox"/> Graduate Study |

2. What career(s) would further education prepare your student to enter? Or would your student need assistance to decide on a specific career?

3. What does your student like most about school assignments? _____

4. What does your student like least about school assignments? _____

5. What skills does your student need to be a better student? _____

6. What living arrangements do you foresee for your student in further education or training?

- Living at home and commuting
- Living away from home in a dormitory
- Other living arrangement: _____

7. What are your concerns about your student's ability to commute to classes or live in a dormitory?

8. What kind of on-campus help will your student need to get the most from classes?

9. What kind of financial aid will you need? _____

III. Personal Management/Living Arrangements

1. What chores or responsibilities does your student presently have at home?

2. What other tasks would you like your student to be able to perform at home?

3. After graduating from school, what living situation do you foresee for your student?

- At Home Foster Home Apartment with Support
 Group Home Independent Apartment
 Other: _____

4. In which independent living areas does your student need instruction?

- Clothing Care Sex Education Meal Preparation & Nutrition
 Hygiene/Grooming Household Management Transportation/Mobility Skills
 Health/First Aid Consumer Skills Community Awareness
 Measurement Safety Self Advocacy
 Interpersonal Skills Time Management Parenting/Child Development
 Organization Other: _____

IV. Leisure & Recreation Needs

1. In what leisure or recreational activities does your student participate in alone?

2. In what leisure or recreational activities does your student participate in with your family?

3. In what leisure or recreational activities does your student participate in with friends?

4. In what other leisure or recreational activities would you like your student to participate in?

5. What leisure or recreational activities do you *not* want your student to participate in?

6. In order to develop more leisure interests and skills, what classes would you recommend for your student?

V. Financial

As an adult, what financial support will your student have? (Please check all that apply)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Earned Income | <input type="checkbox"/> Unearned Income | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> General Public Assistance | <input type="checkbox"/> Trust/Will |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income | |
| <input type="checkbox"/> Other: _____ | | |

VI. General

1. When transitions were made in the past, such as moving from one school to another, what problems, if any, were encountered?

2. What other agencies currently provide services for your student, or are expected to do so after graduation?

3. How would you like the school district to help you plan for your student's living, working, and educational needs after high school is completed?

VII. Please state any additional comments below: