

Student Interview Questionnaire

Student Name: _____ Date: _____

Current Address: _____

Date of Birth: _____ Interviewer: _____

I. General

A. List five (5) jobs that you would like to have when you graduate from high school. Please place your first choice in line 1, your second in line 2, etc.

1. _____

2. _____

3. _____

4. _____

5. _____

B. Are there any reasons why you cannot work? If yes, please list them. (e.g.: allergies, medications, physical restrictions)

C. What do you do in your spare time? (i.e.: hobbies, activities, sports)

D. List part time or full time jobs you have held. (e.g.: babysitting, mowing lawns, house cleaning)

II. Interests and Activities

A. Do you have any chores at home? Yes No What are they? _____

B. What jobs do you think you would like to do and could do well? _____

C. What jobs do you think you would *not* like? _____

III. Occupational and Career Awareness

A. Name three jobs available in a supermarket.

1. _____
2. _____
3. _____

B. How would you find out about a job opening? _____

C. What do employers look for when they are hiring people? _____

D. What are some reasons people are fired from jobs? _____

E. What would an employer like about you? _____

F. What would an employer not like about you? _____

G. What should you do if you are going to be late or absent from work? _____

H. Have you ever filled out a job application? Yes No Where? _____

IV. Work and Classroom Preferences

A. What classes in school do you like best? _____

B. What classes in school do you like least? _____

C. Working Conditions (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> By myself/Individual | <input type="checkbox"/> In a group |
| <input type="checkbox"/> Sit most of the day | <input type="checkbox"/> Move around most of the day |

The following situations would make me uncomfortable (check all that apply)

- | | | | |
|--------------------------------------|-------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> Hot | <input type="checkbox"/> Cold | <input type="checkbox"/> Wet | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Other _____ | | | |

V. Educational Interests

A. What are your plans after high school?

- | | | |
|---|---|---|
| <input type="checkbox"/> College | <input type="checkbox"/> Full Time Work | <input type="checkbox"/> Part Time Work |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Trade School | <input type="checkbox"/> Not Sure |

B. If you would like to enroll in a vocational training program, which areas interest you?

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Auto Body | <input type="checkbox"/> Auto Tech | <input type="checkbox"/> Machine Shop |
| <input type="checkbox"/> Health | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Electricity | <input type="checkbox"/> Building/Construction |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Graphics | <input type="checkbox"/> Other _____ |

VI. Functional Skills

A. If you lived by yourself and had a job, what are some things you would have to pay for each month?

B. How much do groceries cost for two people each week if they cook at home? _____

C. Can you use a telephone? Yes No How do you dial emergency? _____

D. If you had a job, how would you get to work? _____

E. Can you drive? Yes No

F. Do you shop for yourself? Yes No What things do you buy for yourself?

VII. Family

A. How does your family feel about you working? _____

B. What job would they like you to do? _____
