

The Richard H. Hungerford School
Level 1 Vocational Assessment
Parent Interview
12:1+1, 6:1+1, 8:1+1, D75 Inclusion

Student name: _____
Address: _____
Teacher name: _____
Expected date of graduation: _____

Date: _____
DOB: _____
Phone #: _____
Site: _____

Completed by: _____

Please answer the following questions so that we can better understand your child's plans and needs for the future.

Employment/Education/Training:

Post Exiting the DOE (Please check all that apply)

My child:

- will work full/part time
- will participate in vocational training
- will participate in supported employment with a job coach
- will need a day habilitation setting/residential
- I don't know

- 1) What kinds of jobs does your child seem interested in?

- 2) Describe your child's strengths and talents.

- 3) What skills do you think need to be developed to help your child be successful in the future?

- 4) Please list any medical concerns and or medications taken.

Thinking Skills: *Ability to make decisions and solve problems*

	Never	Occasionally	Most of the time	With Assistance
Recognizes there is a problem and requests assistance				
Solves routine problems in daily living (ie. indicates choice from menu, dresses appropriately for weather)				
Demonstrates understanding of cause and effect (burned when touches stove, consequences of inappropriate behavior)				
Can follow multi step directions				
Uses information to make simple decisions (ie. responds to safety alarms, follow traffic safety rules)				

Daily Living

	With no Reminders	With 1 reminder	Needs several reminders	Needs adult support
Does his/her own personal grooming (brushing teeth, shower)				
Completes household chores (washing laundry, garbage, dishes)				
Follows daily schedule and routines (ie. get up in the morning)				
Can prepare a simple meal (ie. sandwich)				

What responsibilities does your child presently have at home?

Living Arrangements – *After exiting school (please check one)*

- _____ live by him/herself
- _____ live with roommate
- _____ live with parents/relatives
- _____ live in supervised apartment/house
- _____ live in a group home

Interpersonal Skills

	Never	Occasionally	Most of the time	With Assistance
Gets along with others				
Interacts appropriately with others in a variety of settings				
Expresses feelings and ideas to others in the right way				
Respects the space and property of others				
Accepts direction from authority figures				

Community Participation/other

	Yes	No	Unsure	With Assistance
Able to use local public transportation				
Navigates the community(ie walks to corner store, friends house)				
Demonstrates understanding to ask for help				
Able to pay for items at a store on his/her independently				

What does your child spend his/her leisure time doing?

What concerns and or questions do you have for your child’s education and future plans?

Do you have a Medicaid Service Coordinator (MSC)? _____yes _____no _____ unsure

If yes, Name of agency _____ contact _____

I would you like more information on the following (Circle all that apply).
 SSI, Medicaid, Guardianship, food stamps, OPWDD (Office of People with Developmental Disabilities) formally OMRDD, Family Supports, Service Coordination, Medicaid Waiver, Residential Services, Environmental Modifications/Adaptive Equipment, Self-Direction, other _____

Additional Comments: