**ROBERTSON COUNTY SPECIAL SERVICES CO-OP**

**704 Wheelock St.**

**Hearne, TX 77859**

**(979) 279-3507**

**VOCATIONAL ASSESSMENT: Student Interview (High School Grades 9-12)** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What kind of career/job do you want after high school? What do you want to be?** Answer any or all that apply to you.

□ Work

Where would you like to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Go to college

What would you like to study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Join the military; branch of military\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Work in the family business; name/type of business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Get training as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of college or university that I would like to attend**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I plan to take the following classes in high school to prepare for my post-high school goal:**

□ required academic classes □ athletics □ business

□ computer/technology classes □ family/consumer science classes □ education courses

□ agriculture/natural resources □ arts/communications □ health science

**What is the best way for you to learn new information?**

□ Hearing information □ Seeing information/watching someone else □ Doing it myself

**Who do you live with?**

□Mom □Step-parent □ Foster Parent □ On own

□ Dad □ Grandparent □ Aunt/Uncle □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After graduation, where will you live?**

 **Short-term goal** □ With family □ On my own □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Long-term goal** □ With family □On my own □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My current medical concerns are . . .**

□ allergies □ asthma □ glasses/contacts □ none □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a driver’s license?** □ Yes □ No **A** l**earner’s permit?**  □ Yes □ No

**To get to my activities, I . . .**

□ get a ride from family □ ride bike □ take bus □ drive myself □ get a ride from friends □ walk

**At home, some of the chores I usually do are . . .**

□ cook □ clean house □ do dishes □ do yard work

□ take out trash □ care for animals □ do laundry □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What jobs, paid or unpaid, have you had**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to work . . .** (check all that apply)

□ indoors □ in a busy place □ with things □ with ideas

□ outdoors □ in a quiet place □ with people □ with computers

□ in the daytime □ at night □ with children □ with adults