

Career Interest Survey – Parents

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name \_\_\_\_\_ Completed by \_\_\_\_\_  
Student Age \_\_\_\_\_

**Jobs/Job Training**

Has your child completed any chores at home?

Has your child been employed in the community? If so please list.

\_\_\_\_\_  
\_\_\_\_\_

What is your child's reaction to completing chores or being employed?

\_\_\_\_\_

Are there additional chores or work skills you would like to see your child explore?  
If so please list.

\_\_\_\_\_  
\_\_\_\_\_

**Post Secondary Training**

What subjects or area does your child like best about school? \_\_\_\_\_

What subjects or area does your child like least about school? \_\_\_\_\_

What type of jobs or job training do you see your child exploring following high school?

\_\_\_\_\_

What type of assistance do you need to connect your child with community resources  
following graduation?

\_\_\_\_\_ None \_\_\_\_\_ Some \_\_\_\_\_ All in the local community \_\_\_\_\_ Other (please  
list below)

\_\_\_\_\_

### **Community Participation**

Where are your child's favorite places to shop or visit in the community?

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What other community settings have you and your child explored?

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Are there additional community resources you would like to access? Are there limitations that cause you not to explore these resources? If so please comment.

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### **Recreation / Leisure**

What does your child enjoy doing in his /her spare time?

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Are there additional recreation and leisure activities you would like to see your child explore? If so please list.

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### **Home Living**

Please check the level of functioning in each area.

Area	Independent	Some Help	Lots of Help	Other – Please Note
Dressing				
Bathing				
Feeding				
Meal Prep				

Area	Independent	Some Help	Lots of Help	Other – Please Note
Grooming/ Hygiene				
Toileting/Bathroom				
Vulnerability				
Social Skills				
Transportation				
Financial Management				
Housing Opportunities				

Have you and your child completed the following?

Item	Yes	No	N/A	Need Information
State ID				
Driver's License				
Guardianship				
Conservator				
Medical Assistance				
Social Security				
County Case Management				
Division of Rehab Services				
Graduation Date Established				
Legal Advocacy				

If you could dream into the future.... Where do you see your child.....

In 5 years ?

In 10 years?