STUDENT INTERVIEW  
(Interview High School Age Students Only)

LEA: __________________________

Student Name: ___________________  Age: ______

Program:

126. What kind of support are you currently receiving?
   a. Learning Support
   b. Speech/Language Support
   c. Visual Support
   d. Life Skills Support
   e. Autistic Support
   f. Hearing Impaired Support
   g. Multiple Disabilities Support
   h. Emotional Support
   i. Physical Support
   j. Other ______________________
   k. Don’t Know

127. Is this support enough to help you be successful in your school program?
   Yes _____  No _____  Don’t Know _____

128. How satisfied are you with your high school educational program?
   Very _____  Somewhat _____  A Little _____  Not at All _____  Don’t Know _____

129. What do you like best about the program?
   ________________________________________________________________

130. What do you like least about the program?
   ________________________________________________________________

131. How satisfied are you with your special education supports/services?
   (i.e. the help you receive from special education)
   Very _____  Somewhat _____  A Little _____  Not at All _____  Don’t Know _____

132. What do you like best about the special education supports/services?
   ________________________________________________________________

133. What do you like least about the special education supports/services?
   ________________________________________________________________

134. How much time do you spend with students who do not have disabilities?
   Too much _____  Enough _____  A little _____  Not Enough _____  Don’t Know _____

135. Do you participate in any extra-curricular activities?  Yes _____  No _____
   (Examples: band, sports, clubs, etc.)

136. If yes, which ones? ____________________________________________

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137. If no, why not? __________________________________________________________

138. Were you invited to participate in the last IEP meeting?
   Yes ____   No ____   Don’t Know ____   Other ____

139. Did you participate in the last IEP meeting?
   Yes ____   No ____   Don’t Know ____   Other ____

**Transition: AGE 14 OR OLDER ONLY**

140. Do you have a post secondary transition program?   Yes ____ No ____ Don’t Know ____ Other ____

141. Do you have an employment transition program?    Yes ____ No ____ Don’t Know ____ Other ____

142. Do you have a community living transition program? Yes ____ No ____ Don’t Know ____ Other ____

143. Did you assist in the development of the transition program?
   Yes ____   No ____   Don’t Know ____   Other ____

144. Is that transition plan being followed?
   Yes ____   No ____   Don’t Know ____   Other ____

145. Did you discuss what you would do after graduation or finishing high school?
   Yes ____   No ____   Don’t Know ____   Other ____

**Community Involvement:**

146. Which of the following agencies participate in your IEP development?
   a. Office of Vocational Rehabilitation
   b. County of Mental Health/Retardation Service
   c. Office of Children & Youth Agency
   d. Probation & Parole
   e. None
   f. Other Agencies (list) ______________________
   g. Don’t Know

147. If any agency participated in your IEP did they assist you or provide services?
   Yes ____   No ____   Don’t Know ____   Other ____

148. Comments: ________________________________________________________________

149. Do you participate in any activities in the community?
   Yes ____   No ____

150. If yes, which ones? _______________________________________________________

151. If no, why not? _________________________________________________________

152. Are there any other agencies that could help you within the community?
   __________________________________________________________