

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? _____

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?
