STUDENT INTERVIEW (Interview High School Age Students Only)

LEA:	
Student Name:	Age:
Program:	
126. What kind of support are you current	ly 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	
127. Is this support enough to help you be	successful in your school program?
Yes <u>No</u> Don't	Know
128. How satisfied are you with your high	school educational program?
Very Somewhat A Lit	tle Not at All Don't Know
129. What do you like best about the progr	ram?
130. What do you like least about the prog	ram?
131. How satisfied are you with your spec (i.e. the help you receive from special Very Somewhat A Litt	11
132. What do you like best about the speci	al education supports/services?
133. What do you like least about the spec	
134. How much time do you spend with st	
	A little Not Enough Don't Know
135. Do you participate in any extra-curric (Examples: band, sports, clubs, etc.)	cular activities? Yes No
136. If yes, which ones?	

137.	If no, why not?						
138.	Were you invite	ed to participate	in the last IEP meeting	g?			
	Yes	No	Don't Know	Other _			
139.	Did you particip	pate in the last l	EP meeting?				
	Yes	No	Don't Know	Other			
Trar	nsition: AGE 14	OR OLDER	ONLY				
140.	Do you have a p	post secondary	transition program?	Yes	No	Don't Know	Other
141.	Do you have an	employment tr	ansition program?	Yes	No	Don't Know	Other
142.	Do you have a o	community livin	ng transition program?	Yes	No	Don't Know	Other
143.	Did you assist i	n the developm	ent of the transition pro	ogram?			
	Yes	No	Don't Know	Other _			
144.	Is that transition	n plan being fol	lowed?				
	Yes	No	Don't Know	Other _			
145.	Did you discuss	what you wou	ld do after graduation of	or finishi	ng high s	school?	
	Yes	No	Don't Know	Other _			
Com	munity Involve	ment:					
110							
146.	Which of the fo	llowing agencie	es participate in your II	EP develo	opment?		
146.	 a. Office of Value b. County of Nalue c. Office of Cl d. Probation & e. None 	ocational Rehat Iental Health/R nildren & Youtl Parole cies (list)	bilitation Letardation Service h Agency	EP devel	opment?		
	 a. Office of Va b. County of M c. Office of Cl d. Probation & e. None f. Other Agen g. Don't Know 	ocational Rehat Iental Health/R nildren & Youtl Parole cies (list)	pilitation Letardation Service h Agency		-		
	 a. Office of Va b. County of M c. Office of Cl d. Probation & e. None f. Other Agen g. Don't Know If any agency p 	ocational Rehat Iental Health/R hildren & Youth Parole cies (list) v articipated in ye	pilitation Letardation Service h Agency	you or pi	rovide se		
147.	 a. Office of Value b. County of Nalue c. Office of Cl d. Probation & e. None f. Other Agen g. Don't Know If any agency p Yes 	Decational Rehat Aental Health/R nildren & Youtl Parole cies (list) articipated in yo No	bilitation Letardation Service h Agency	you or pr Other	rovide se	rvices?	
147. 148.	 a. Office of Value b. County of Nalue c. Office of Cl d. Probation & e. None f. Other Agen g. Don't Know If any agency p Yes Comments: 	Decational Rehat Aental Health/R nildren & Youtl Parole cies (list) articipated in yo No	Don't Know	you or pi Other	rovide se	rvices?	
147. 148.	 a. Office of Value b. County of Nalue c. Office of Cl d. Probation & e. None f. Other Agen g. Don't Know If any agency p Yes Comments: 	ocational Rehat Aental Health/R hildren & Youth Parole cies (list) articipated in yo No ate in any activ	Double in the second	you or pi Other	rovide se	rvices?	
147. 148. 149.	 a. Office of Value b. County of Mail c. Office of Clid. Probation & e. None f. Other Agen g. Don't Know If any agency p Yes Do you particip Yes 	ocational Rehat Aental Health/R hildren & Youth Parole cies (list) articipated in yo No ate in any activ No	Double in the second	you or pi Other?	rovide se	rvices?	
147. 148. 149. 150.	 a. Office of Values b. County of Mail County of Mail County of Mail County of Mail Counts c. Office of Classical Action and the second s	cational Rehat Aental Health/R hildren & Youth Parole cies (list) articipated in youth No ate in any activ No hes?	Dilitation Dilitation Letardation Service A Agency Dur IEP did they assist Don't Know ities in the community	you or pr Other?	rovide se	rvices?	