

# The Exceptional Children's Co-op

## STUDENT INTERVIEW - SECONDARY

To be utilized for students in middle, junior high, and high school. Information will become part of the student's file and may be discussed as part of a case conference committee meeting. The questions should serve as "prompts" for the interviewer. Questions may not be appropriate for all students. You are encouraged to modify/ask any additional questions which may be pertinent to the student's re-evaluation and/or program.

### Interview

Student Name: \_\_\_\_\_ Conducted By: \_\_\_\_\_ Title: \_\_\_\_\_ Interview Date: \_\_\_\_\_

#### I. Your Special Education Program

1. What kind of help works best for you? \_\_\_\_\_  
(accommodations? who do you work best with? best setting? what helps you organize?)
2. How do you study? \_\_\_\_\_
3. What subjects are hard for you? \_\_\_\_\_
4. What kind of assignments are hardest for you? \_\_\_\_\_
6. What subjects are you good at and do you like? \_\_\_\_\_
6. What kind of assignments do you like best? \_\_\_\_\_
7. Is there any kind of additional help you would like to have? \_\_\_\_\_
8. Is there anything that could happen at home that would help you with your school work? \_\_\_\_\_

#### II. Your Behavior

1. Are you getting into trouble at school for your behavior? When? Where? With whom? How Often? \_\_\_\_\_
2. Have you been sent to the office? Suspended? Parents contacted? \_\_\_\_\_
3. What happens when you get in trouble? \_\_\_\_\_
4. What would help keep you out of trouble at school? \_\_\_\_\_

#### III. Your Future

1. What do you want to do when you are finished with high school?  
(college? technical school? job?) \_\_\_\_\_
2. What kind of job do you want? \_\_\_\_\_
3. Are you getting/do you have a driver's license? \_\_\_\_\_
4. Do you have a job now? What do you do? How many hours a week? \_\_\_\_\_
6. Do you have a plan to achieve your goals? What is it? \_\_\_\_\_
6. What kind of help do you think you will need to achieve your goals? \_\_\_\_\_

#### IV. Your Interests

1. What activities do you like to do? \_\_\_\_\_
2. What are you good at? \_\_\_\_\_
3. What do your friends like about you? What do they think you are good at? \_\_\_\_\_

#### V. Specialty Areas (As Applicable)

1. (VI) How do you/can you use vision at home/school/community? \_\_\_\_\_
2. (HI) Are you able to understand your teachers when you are in class? \_\_\_\_\_  
Do you use an auditory trainer in your classes? Which ones? \_\_\_\_\_  
Are closed captioned videos being used? \_\_\_\_\_
3. (01) Do you have a place to do your work in each of your classes? \_\_\_\_\_  
Are there activities you can't participate in because of your physical condition? What are they? \_\_\_\_\_

#### VI. Other Comments:

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