

**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?

\_\_\_\_\_