

SITUATIONAL ASSESSMENT

For Career/ Vocational Interests & Skills

Student Name _____

School _____

Date of Birth _____

Date of Exit from Public School _____

Special Education Case Manager(s):

◆ Name _____ Year _____

◆ Name _____ Year _____

◆ Name _____ Year _____

◆ Name _____ Year _____

For more information contact:
Fran Arner-Costello,
Director of Programs & Services
farnerco@vcoe.org
(805) 437-1560

Job Name _____

Job Duties:

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◆ Student participated approximately _____ hours from _____ 20__ to _____ 20__.

◆ Student's level of participation in above tasks:
(check all that apply)

- _____ Fully prompted to participate
- _____ Partial participation in some tasks
- _____ Can do all tasks with prompting
- _____ Can do some tasks independently
- _____ Can do all tasks independently

◆ Student's overall satisfaction with this job: (how determined) _____
Did Not Like _____ OK _____ Really Liked _____