

# 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](mailto:farnerco@vcoe.org)  
(805) 482-2353

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 \_\_\_\_\_