

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School District: \_\_\_\_\_

## MiConnections: Guideposts for Success Student Interview

**Instructions:** Read each question to the student and mark the appropriate response (Yes, No, or Unsure) or use the space provided to write in the student's answer. Use appropriate prompts as needed.

### Careers Class

- |   | Yes                      | No                       | Unsure                   |
|---|--------------------------|--------------------------|--------------------------|
| 1. Have you participated in a Careers Class?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you met with your guidance counselor to discuss plans after graduation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What are your plans after graduation? (write in)                             |                          |                          |                          |
| <hr/> <hr/> <hr/>   |                          |                          |                          |

### Part I. Preparatory Experiences

#### A. Assessment

### Career or Job Interest Testing

- |  | Yes                      | No                       | Unsure                   |
|--|--------------------------|--------------------------|--------------------------|
| 4. Have you taken a career or job interest test?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. What did it tell you about your interests? (write in) |                          |                          |                          |
| <hr/> <hr/> <hr/>  |                          |                          |                          |

### Aptitude Testing

- |  | Yes                      | No                       | Unsure                   |
|--|--------------------------|--------------------------|--------------------------|
| 6. Have you taken an aptitude test?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. What did it tell you about yourself? (write in) |                          |                          |                          |
| <hr/> <hr/> <hr/>                                  |                          |                          |                          |

### Vocational Evaluation

- |   | Yes                      | No                       | Unsure                   |
|---|--------------------------|--------------------------|--------------------------|
| 8. Have you received a vocational evaluation?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. What did it tell you about your skills, interests, and abilities as they relate to careers? (write in) |                          |                          |                          |
| <hr/> <hr/> <hr/>   |                          |                          |                          |

### Worksite or Hands-on Evaluation

10. Have you done a worksite or hands-on evaluation?

Yes

No

Unsure

11. What was the worksite? (write in)

---

---

---

12. What did it tell you about your skills, interests, and abilities as they relate to careers? (write in)

---

---

---

### Computer-Based Career Testing

13. Have you done a career test on a computer?

Yes

No

Unsure

14. What did it tell you about your skills, interests, and abilities as they relate to careers? (write in)

---

---

---

## B. Opportunity Awareness

### Career Information

15. Have you explored or gathered information about different careers?

Yes

No

Unsure

16. Have you ever had any speakers come to school and talk about different careers?

Yes

No

Unsure

17. Have you ever interviewed someone about his/her career?

Yes

No

Unsure

## C. Work Readiness Skills

### Preparation for Work

18. Have you learned about what good work behavior is?

Yes

No

Unsure

19. Have you taken any computer classes?

Yes

No

Unsure

20. Have you looked for a job?

Yes

No

Unsure

21. Have you interviewed for a job or had any interview training?

Yes

No

Unsure

**Part II. Work-Based Learning Experiences**

**Industry Site Visits and Tours**

22. Have you gone by yourself or with a group of people to visit a job site?

Yes

No

Unsure

**Job Shadowing**

23. Have you participated in a job shadowing?

Yes

No

Unsure

**Internships**

24. Have you had a paid or unpaid internship or co-op?

Yes

No

Unsure

25. Have you had a job?

Yes

No

Unsure

**Entrepreneurship**

26. Have you ever had any training in small business ownership?

Yes

No

Unsure

27. Do you participate in a family business?

Yes

No

Unsure

**Part III. Youth Development and Leadership**

**Supportive Adults**

28. Do you have an adult role model or mentor that you spend a lot of time with?

Yes

No

Unsure

29. Do you spend a lot of time with your family?

Yes

No

Unsure

30. Have your teachers ever talked with you about your future career plans?

Yes

No

Unsure

**Peer Mentors**

31. Do you Instant Message with friends?

Yes

No

Unsure

32. Do you have a group of best friends?

Yes

No

Unsure

33. Do you have a classmate or friend in school that you look up to?

Yes

No

Unsure

### Opportunities for Personal Growth

34. Do you know what your disability is?

Yes

No

Unsure

35. Do you feel comfortable telling people about your disability?

Yes

No

Unsure

36. Do you participate in your IEP planning process?

Yes

No

Unsure

37. If you have a problem, do you feel you can solve it or deal with it on your own?

Yes

No

Unsure

### Goal Setting

38. Do you feel that you can successfully set goals for your future?

Yes

No

Unsure

### Leadership Opportunities

39. Do you belong to any youth organizations?

Yes

No

Unsure

40. Have you participated in any formal leadership training?

Yes

No

Unsure

## Part IV. Connecting Activities

### Academic Tutoring

41. Have you ever been a peer tutor?

Yes

No

Unsure

42. Have you ever received tutoring services?

Yes

No

Unsure

43. From whom have you received tutoring services? (write in)

---

---

---

### Mentoring

44. Are you participating in a mentoring program?

Yes

No

Unsure

### Transportation

45. Have you taken driver's education?

Yes

No

Unsure

46. Do you have a driver's license?

Yes

No

Unsure

47. Have you ever taken any public transportation?

Yes

No

Unsure

48. Do you have a way to get to and from school or work after graduation?

Yes

No

Unsure

**Workforce Training and Postsecondary Education**

49. Have you been to visit a college campus?

Yes

No

Unsure

50. Have you ever visited Michigan Works?

Yes

No

Unsure

51. Are you familiar with Michigan Rehabilitation Services or Michigan Commission for the Blind?

Yes

No

Unsure

52. Do you plan to attend college or technical college?

Yes

No

Unsure

**Accommodations/ Assistive Technology**

53. Do you use any assistive devices?

Yes

No

Unsure

54. Are you currently receiving any accommodations in any of your classes?

Yes

No

Unsure

55. Are you currently receiving any accommodations at your workplace?

Yes

No

Unsure

**Part V. Family Involvement and Supports**

**Family Support**

56. Does your family have high expectations for you?

Yes

No

Unsure

57. Do you know what they are?

Yes

No

Unsure

58. Does your family help you to make decisions about your future?

Yes

No

Unsure

59. Does your family help you access information about employment, education, and community resources?

Yes

No

Unsure

**Additional Comments:**

---

---

---

---

---

**Interviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_