

Interactions with Supervisors

| | Voc | ntional | Immare | sion Pro | oaram (| (VIP) Parent Input Form | | |
|---|----------|---------|--------|-----------------|---------|---------------------------|-------|--|
| Person Completing Form: | | | | | | Date: | | |
| VIP Applicant's Name: | | | | | | Relationship to applicant | | |
| Rate the applicant by checking the box in the column that best describes his or her present level of performance related to home-based and/or community –based work-related experiences in the categories outlined below. | | | | | | | | |
| 1 = Very Poor 2 = Poor | 3 = Fair | | | <i>4 = Good</i> | | 5 = Very Good | | |
| Category | 1 | 2 | 3 | 4 | 5 | Comr | ments | |
| Motivation | | | | | | | | |
| Reliability | | | | | | | | |
| Perseverance | | | | | | | | |
| Adaptability | | | | | | | | |
| General Attitude | | | | | | | | |
| Ability to Make Independent Decisions | | | | | | | | |
| Ability to act in an Emergency with Good Judgment | | | | | | | | |
| Utilization of Resources | | | | | | | | |
| Ability to Adjust Well to New Situations | | | | | | | | |
| Keeping Track of Belongings | | | | | | | | |
| Coping with Stress | | | | | | | | |
| Following Directions from Teachers/Adults | | | | | | | | |
| Interactions with Peers with Disabilities | | | | | | | | |
| Interactions with Peers without Disabilities | | | | | | | | |
| Interactions with Children | | | | | | | | |



Vocational Immersion Program (VIP) Parent Input Form

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| Describe applicant's vocational/work experiences in the home and/or community setting. List particular work assignments, level of productivity, need for adult support, ability to focus, quality of work, etc. Has the applicant had experience volunteering in the community? Please explain. |
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| Describe the applicant's skills acquisition process. How long does it take for the applicant to master a skill and retain it? Does applicant need frequent re-teaching and/or repetition to maintain skill mastery? |
| Describe applicant's ability to self-advocate and problem solve. Does he or she request help or ask for clarification independently? Does he or she seek out an adult when he or she has a problem or conflict? |
| Do you feel that the applicant would actively participate in this program? |
| Has the applicant had any experiences staying overnight from home without family (camps, retreats, sleepovers with friends, etc.)? If so, describe student's experience in an overnight setting away from home. |
| What vocational/work-related goals do you have for the applicant? |
| Additional Comments: |