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# Intermediate Unit 1

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## TVI/STUDENT INTERVIEW QUESTIONS HOMES PROGRAM

### FOOD PREPARATION:

1. What kitchen tools/appliances do you use? \_\_\_\_\_  
\_\_\_\_\_
2. How do you prepare food in the oven? \_\_\_\_\_  
\_\_\_\_\_
3. How do you set the table? \_\_\_\_\_  
\_\_\_\_\_
4. How do you fix your favorite meal? \_\_\_\_\_  
\_\_\_\_\_

### SHOPPING:

1. What would you find in the dairy section of the grocery store? \_\_\_\_\_  
\_\_\_\_\_
2. How do you check-out in the store? \_\_\_\_\_  
\_\_\_\_\_

### LAUNDRY:

1. How do you separate dirty clothes before washing? \_\_\_\_\_  
\_\_\_\_\_
2. How do you use a washer/dryer? \_\_\_\_\_  
\_\_\_\_\_

### CLEANING/HOUSEKEEPING:

1. How do you clean a floor? \_\_\_\_\_  
\_\_\_\_\_

2. How do you make a bed? \_\_\_\_\_  
\_\_\_\_\_

**MENDING/SEWING:**

1. How do you sew on a button? \_\_\_\_\_  
\_\_\_\_\_
2. How do you thread a needle? \_\_\_\_\_  
\_\_\_\_\_

**MONEY MANAGEMENT:**

1. Count this money. (TVI will have money for student to count) \_\_\_\_\_  
\_\_\_\_\_
2. What could you buy with this money? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever saved your money for a big purchase? If so, what/how? \_\_\_\_\_  
\_\_\_\_\_

**SOCIALIZATION:**

1. Who are your friends in school? \_\_\_\_\_  
\_\_\_\_\_
2. What do you do with your friends outside of school? \_\_\_\_\_  
\_\_\_\_\_
3. What do you say and do when you meet someone for the first time? \_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD MECHANICS:**

1. What would you use a hammer/screwdriver for? \_\_\_\_\_  
\_\_\_\_\_
2. How do you insert the batteries into a battery-operated item? \_\_\_\_\_  
\_\_\_\_\_

**SELF-CARE:**

1. How do you decide what to wear to school each day? \_\_\_\_\_  
\_\_\_\_\_
2. What would you do if you are bleeding? \_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATION:**

1. Do you pack/unpack your own backpack? \_\_\_\_\_  
\_\_\_\_\_
2. How do you keep track of your assignments? \_\_\_\_\_  
\_\_\_\_\_
3. Where/when do you complete your homework assignments? \_\_\_\_\_  
\_\_\_\_\_

**RECREATION/LEISURE:**

1. If you wanted to go to the movies, how would you find out what time the movie would start? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What games do you play with family/friends? How do you play your favorite game? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What do you like to do in your free time? \_\_\_\_\_  
\_\_\_\_\_

**SELF-ADVOCACY:**

1. What is your visual impairment and how does it affect in and out of school? \_\_\_\_\_  
\_\_\_\_\_
2. Name someone who could help you with problems related to your visual impairment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORIENTATION and MOBILITY:

1. What problems do you have when walking around the school and the neighborhood? \_\_\_\_\_

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ADDITIONAL COMMENTS/CONCERNS: