**Student-Agency Interaction Questionnaire**

**Example of Student-Agency Interaction Questionnaire**

1. Have student or family member complete the following questionnaire indicating highest level of interaction with each community agency. (Example list is provided. Use agencies in your area)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **(0)****No interaction** | **(1)****Phone contact** | **(2)****Meeting scheduled** | **(3)****On caseload** | **(4)****Receiving support** |
| Arc |  |  |  |  |  |
| Autism Speaks (Autism Society) |  |  |  |  |  |
| Community College |  |  |  |  |  |
| Community Action Programs |  |  |  |  |  |
| County Health Department |  |  |  |  |  |
| Department of Health and Human Services |  |  |  |  |  |
| Employment Security Office |  |  |  |  |  |
| Habilitation Agencies |  |  |  |  |  |
| JobLink |  |  |  |  |  |
| Transportation agencies |  |  |  |  |  |
| School District |  |  |  |  |  |
| Social Security Office |  |  |  |  |  |
| Related Services Agencies |  |  |  |  |  |
| University Extension Office |  |  |  |  |  |
| Vocational Rehabilitation |  |  |  |  |  |