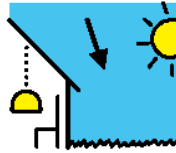


# Vocational Inventory

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

## What kind of job would you like?

1. Do you like to work



outside

or



inside

2. Would you like to wear a



uniform

or



your own clothes

3. Do you like working with



people

or



by yourself

4. Do you like



heavy work

or



light work

5. Do you like



sitting

,



standing

or



moving around

?

6. Do you like



or



?

getting wet

staying dry

7. Can you deal with



?

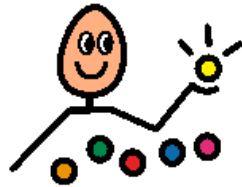
YES

or

NO

bad smells

8. Do you like



?

YES

or

NO

putting things in order

9. Do you like



or



?

loud noises

quiet

10. Do you like



or



?

busy places

calm places

11. Do you like




or



?

bright places

dark places

12. Do you like  ? YES or NO

sorting

13. Where are your favorite places to visit? \_\_\_\_\_

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14. Name some jobs you think are neat. \_\_\_\_\_

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15. Name some places where you know people who work there. \_\_\_\_\_

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