

## Occupation Survey

Please visit with a trusted adult about their job and have them answer the following questions. Then use the information you receive to complete the brochure. Please take your time and do your very best work on the brochure.

**Adult's name:** \_\_\_\_\_

**What is your occupation?** \_\_\_\_\_

**Do you have to wear a uniform or any special clothing to do your job? If so, what?** \_\_\_\_\_

\_\_\_\_\_

**How many hours a day do you usually work?** \_\_\_\_\_

**Tell me some interesting things you like about your work.**

\_\_\_\_\_

**Is there anything you would change? If so, what?** \_\_\_\_\_

\_\_\_\_\_

**Why did you choose your occupation?** \_\_\_\_\_

\_\_\_\_\_

**What schooling/training did you have to get to be able to do your job?** \_\_\_\_\_

\_\_\_\_\_

**How does your job contribute to our community?** \_\_\_\_\_

\_\_\_\_\_

**Does your job provide a good or a service?** \_\_\_\_\_

\_\_\_\_\_