

Completed by: _____
Date: _____

Community Employment

- Y/N I want to get a job
- Y/N My family supports my goal of competitive community employment
- Y/N I have had a job and/or volunteer experience
- Y/N I have applied for DVR services if yes, list status _____

Social and Behavior Skills

- Y/N I show respect to my peers and adults
- Y/N I work cooperatively with others
- Y/N I accept correction or feedback without a negative reaction
- Y/N I have displayed aggressive behavior in a school or work setting
 - Y/N Screaming or yelling if yes, how often? _____
 - Y/N Hitting or Punching if yes, how often? _____
 - Y/N Spitting if yes, how often? _____
 - Y/N Kicking if yes, how often? _____
 - Y/N Fighting if yes, how often? _____

Attendance

- Y/N I have had no absences or tardies within the past school year.
- Y/N I have had 1 -5 absences or tardies within the past school year.
- Y/N I have had 5 - 10 absences or tardies within the past school year.
- Y/N I have had 10 or more absences or tardies within the past school year.
- Y/N I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days)
- Y/N If yes to 10 or more days, explain why you have missed so much school

Independent Daily Living and Self-Care Skills

	I need a lot of help		I don't need much help		No help needed
Cooking and Nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/Making Change	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Shower/Bath	1	2	3	4	5
Dress appropriate for weather	1	2	3	4	5
Making appointments	1	2	3	4	5

Communication

- Y/N I am easily understood
- Y/N I sometimes have trouble getting my message across to others
- Y/N I use adaptive equipment to communicate
- Y/N I am willing to learn to use adaptive equipment to communicate, if appropriate.
- Y/N I use an interpreter and/or use sign language to communicate

Related Services: Are you receiving any of the following related services?

- Y/N Speech and Language
- Y/N Physical Therapy
- Y/N Occupational Therapy
- Y/N Other _____

Transportation

- Y/N I drive my own vehicle
- Y/N I know how to independently use the city bus
- Y/N I am willing to learn how to use the city bus
- Y/N I can independently call a taxi and arrange the pick up time
- Y/N I can independently ride in a taxi, but someone else calls for the pick up time

Interests (sports, music, watching tv, computer)

