



Applicant's Name _____

Phone Number _____

Mailing Address _____

Applicant's email _____

Applicant's SS number ____-____-____ Birthdate ____/____/____

Parent/Guardian's Name _____

Phone Number _____

Parent/Guardian's Email _____

What are the applicant's strengths?

What are the applicant's challenges?

What goals would you set for yourself or your young adult?



How would you describe the applicant's learning style and optimal learning or work

environment? _____

Please write either "strength" or "challenge" Add a check if this is an area of concern.

Organizing Belongings _____

Scheduling Time _____

Prioritizing Tasks and Goals _____

Completing Tasks on Schedule _____

Creatively Solving Problems _____

Communicating with Peers _____

Communicating with Older Adults _____

Contributing Positively to Groups _____

Reflecting on Past Experiences _____

Accepting Feedback _____

Providing Feedback to Others _____

Takes initiative _____

Hygeine _____



Vocational:

Do you have a documented disability?

Do you have reliable transportation? Are you familiar with public transportation?

Preferred work hours and days?

Any issues we should be aware of? Example: Records MV or criminal, drug use?

Past work Opportunities?

Favorite Job? _____

Past volunteer opportunities?

Favorite class when in school?
