**Student:**

|  |  |
| --- | --- |
| **Agency:**  | **S2W Service Start Date:**  |
| **Employment Consultant:**  | **Date Completed:**  |

**Accommodations Likely To Be Needed**

|  |
| --- |
|  |
| **TA Requested:**  |

**Attendance And Reliability**

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| --- |
|  |

**Behavior Support Or Strategies Likely To Be Needed**

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| --- |
|  |
| **TA Requested:**  |

**Communication Skills**

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| --- |
|  |
| **TA Requested:**  |

**Learning Preferences**

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| --- |
|  |

**Personal Hygiene / Appropriate Work Dress**

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| --- |
|  |

**Personal Safety On The Job**

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| --- |
|  |

**Skills, Abilities And Performance Of Job Tasks**

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| --- |
|  |

**Stamina / Endurance**

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| --- |
|  |

**Supervisory And Co-Worker Relations**

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| --- |
|  |

**Transportation Needs**

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| --- |
|  |

**Work Preferences And Interests**

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| --- |
|  |

|  |  |
| --- | --- |
| **Marketable Tasks** | **Support Needed** |
|  |  |

**Recommended Employment Goal(s)**

|  |
| --- |
| **Description:**  |
| **Total Hours Per Week:**  |
| **Total Hours Per Shift:**  |
| **Total Shifts Per Week:**  |

|  |
| --- |
|  |
| **Student Date** |
| **Primary Support Person Date** |
| **Guardian Signature (if other than student or primary support position) Date** |
| **DVR Counselor (if applicable) Date** |
| **Agency Representative Date** |
|  |
| **IEP Teacher Date** |