

Report Form

Date: _____

Client's Name: _____

Client's Goal: _____

Employment Counsellor: _____

| Question | Response | Comments |
|--|--|----------|
| 1. What was the last grade of school you completed? a.) At what school? b.) When? c.) Do you feel you have the skills of your last grade completed? | | |
| 2. What subjects did you enjoy and do well in at school? | | |
| 3. What subjects were difficult for you? | | |
| 4. Were you ever tested for learning disabilities? If you were, do you remember anything about the results? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 5. Did you ever miss school for long periods of time because of illness, suspension, etc? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 6. How do you feel about your reading, writing and math skills? | I need to improve <input type="checkbox"/> I'm comfortable <input type="checkbox"/> | |
| 7. Do you have a computer at home? If you do, how do you use it? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 8. Do you have a driver's licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 9. Do you have any other licences or certificates that are up-to-date? (CPR, Smart Serve, etc.) a.) Where did you take the training? When? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |