

**Education Support Services (ESS)
Intake Supplement**

Client Name: _____

Assessor: _____

Intake Date: _____

What is your current employment goal?

Are you currently in school now? _____

If yes, would you benefit from any transition help to somewhere new?

YES NO

Highest level of education completed: _____

Do you have any college, trade or vocational experience? YES NO

Which one? _____

What level? _____

Did you complete the program? YES NO

Did you receive a degree or certificate? YES NO

Which one? _____

Do you have your TASC, GED or High School Diploma? YES NO

Which one? _____

If no, would you like to get your GED or take classes somewhere to increase your skills in a particular interest? YES NO

Have you ever been in any specialized education classes? YES NO

If so, When? _____

Are you familiar with educational opportunities (special accommodations)? YES NO

Would the individual benefit from any? YES NO

If so, Which? _____

Describe any physical, mental or emotional impairments that may affect you at school:

How do you feel that your disability will affect your ability to perform at school?

Is the participant able to:

Identify and define a problem? YES NO

Generalize solutions to specific problems? YES NO

Explore alternative solutions? YES NO

Identify appropriate contacts for problem resolution?	YES	NO
Stay calm under a reasonable amount of pressure?	YES	NO

Comments:_____

Do you have any linkages to education-related community resources including supports for learning and cognitive disabilities? YES NO

If so, what are they? _____

What is your experience with completing admission applications and registration?:

Have you ever received financial aid? YES NO

If yes, is any money owed? YES NO

Could you benefit from that now or soon? YES NO

Would the individual benefit from devices to assist with cognitive skills? YES NO

If yes, What? _____

Would the individual benefit from a more in-depth assessment of aptitudes and or interests?

YES NO

Is the individual likely to benefit from having an additional person in the classroom?

YES NO

If yes, please explain

Is the participant able to advocate needs clearly? YES NO

Comments