



Regional Center/DOR/Adult Program Employment Rating Referral Summary Chart



Participant Name:		Parent Name:			Phone Number:	
S.S.#: XXX-XX-____ (Last 4 digits only)	DOR Counselor:		DOB:	Age:	Projected Exit Date:	
School:	School District:			UCI RCOC #:		
Staff:	Phone #:	Regional Center Service Coordinator:				

WORKPLACE EVALUATION TOOL PERFORMANCE LEVELS

Employment Skills Development Score	1	2	3	4	5	Score Description
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Does not perform at this time, even with assistance
Dress/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Physical assistance needed
Time Management & Employer Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Direct prompts/reminders needed
Work Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Indirect prompts needed, works well with job coach
Productivity/Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Independence in performing the tasks (No job coach support needed)
Communication & Socialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommendations: <input type="checkbox"/> #1 Competitive Integrated Employment (CIE) Individual Placement <input type="checkbox"/> #2 Supported Employment Individual Placement in Integrated Setting <input type="checkbox"/> #3 Supported Employment Group in Integrated Setting <input type="checkbox"/> #4 Adult Day Services/Employment & Volunteer Work Individual/Group Integrated Setting <input type="checkbox"/> #5 Adult Day Services/Work Training &/or Volunteer Work Group Integrated Setting
Utilizing Workplace Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility/Community Safety/Transportation Student will need mobility training to new work site: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL POINTS: _____ #1 (34-40) #2 (30-35) #3 (26-31) #4 (22-27) #5 (23 & below)		
Current Work/Training Site:		Employer Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title:	Hours Worked/Day:	Hours Worked/Week:
% Job Coaching:	Job Related Criminal Conviction: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Training/Job Duties:		
**Please see attached resume for a work experience summary.		

Notes: