

## 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"/>	