

**VIP SERVICES**

P.O. Box 818  
Clyde, Texas 79510-0818  
(325) 893-3361 (940) 368-9032  
Vender ID: 17525221655000

**REFERRAL FORM FOR TRC  
VOCATIONAL EVALUATION PROGRAM**

<input type="checkbox"/>	<input type="checkbox"/> <b>Three Day Assessment - 15-20 Test Career Exploration, Job Matching, Detailed Interview, Questions Answered, Staffing.</b>
<input type="checkbox"/>	<input type="checkbox"/> <b>Comprehensive Assessment 15-30 Tests Detailed job exploration, Staffing Transferable skills, Interview, Job Matching, Behavior Observations, Detailed Questions Answered. \$235.00 per day</b>
<input type="checkbox"/> <b>Transferable skills analysis \$150.00</b>	

Date: \_\_\_\_\_ Location of Testing: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Living Independently: \_\_\_\_\_ Sex: \_\_\_\_\_

Education: \_\_\_\_\_ Special Training: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Transportation: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Disability: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Comments or information pertinent in assisting in determining this referral for appropriate services:  
\_\_\_\_\_  
\_\_\_\_\_

Attachments: Please include all applicable records or information on this client.

- IWRP (IF DONE)                       Medical Records                       Psychological Evaluation
- Progress Reports (Other Agency)     Transcripts                               Release of Information
- Copies of relevant Contact Reports     Social Evaluation                       Other: \_\_\_\_\_

Please be sure all appropriate vocational, **psychological, social, medical and special diagnosis reports** are on this referral and submitted with this form. Incl. initial contact form & appropriate CCR's.

Referred by: \_\_\_\_\_ (ORGANIZATION) \_\_\_\_\_

Date Scheduled to start evaluation: \_\_\_\_\_

**PLEASE CHECK APPROPRIATE QUESTIONS ON OTHER SIDE OF FORM**

It has been our experience that each individual is referred for a vocational evaluation for a unique set of reasons. Your completion of this form will help determine the specific reasons for the referral of this person.

**CHECK ONLY THOSE QUESTIONS YOU MAY HAVE CONCERNING THIS CLIENT:**

- 1. Could this person fulfill a vocational role and at which level?
  
- 2. Do you recommend a formal skill-training program?
  
- 3. What jobs are available in the local area that this person can perform?
  
- 4. Would this person's job interest(s) be feasible goal(s)? Why?
  
- 5. What disability-related limitations make it difficult for this person to work?
  
- 6. Do there seem to be any medical or physical limitations, not previously reported, which appear to limit vocational functioning?
  
- 7. What general accommodations will enhance this person's ability to work?
  
- 8. What behaviors may make it difficult for this person to keep a job?
  
- 9. What seem to be reasons for this person to appear unmotivated toward work/rehabilitation?
  
- 10. What are some job situations that this person can work at and have a reasonable expectation of success? (Situational Assessment)

**Transferable Skills Analysis      \$50.00**

- What are the transferable job skills, which are usable in the current job market?

Other Specific Referral Questions:

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**PLEASE ANSWER ALL THE FOLLOWING QUESTIONS.**

What job interests have you discussed with this person?

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Are work opportunities limited in this area? If this person wishes to remain in the geographic area, what opportunities are available?

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State any other specific reasons you have for referring this client for vocational evaluation.

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If you have any questions please call **VIP SERVICES** to clarify any information.