

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"/> Three Day Assessment - 15-20 Test Career Exploration, Job Matching, Detailed Interview, Questions Answered, Staffing. \$450.00
<input type="checkbox"/>	<input type="checkbox"/> Comprehensive Assessment 15-30 Tests Detailed job exploration, Staffing Transferable skills, Interview, Job Matching, Behavior Observations, Detailed Questions Answered. \$150.00 per day
<input type="checkbox"/> Transferable skills analysis \$50.00	

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?

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

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

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