

SKILLS FOR SUCCESS

INTAKE FORM

DATE

ADMINISTERED BY

--	--

REFERRED BY

--

CLIENT PROFILE

LAST NAME		FIRST NAME	
PREFERRED NAME		GENDER IDENTITY	
ADDRESS			
PHONE		EMAIL	
PERSON WITH DIVERSE ABILITIES		NEWCOMER	
TYPE OF DIVERSE ABILITY		LANGUAGE/S SPOKEN	

ELIGIBILITY

Place a check in the appropriate boxes.

PERSON WITH DIVERSE ABILITIES	NEWCOMER
19+	19+
NOT IN SCHOOL	NOT IN SCHOOL
HAS A SOCIAL INSURANCE NUMBER (SIN)	HAS A SOCIAL INSURANCE NUMBER (SIN)
SPEAKS & UNDERSTANDS ENGLISH WELL	SPEAKS & UNDERSTANDS ENGLISH WELL
	HAS A WORK PERMIT

EMERGENCY CONTACT

NAME		RELATIONSHIP	
PHONE		EMAIL	

EMPLOYMENT HISTORY

PREVIOUSLY EMPLOYED?	YES	NO	TYPE OF EMPLOYMENT	
JOB POSITION			PLACE OF EMPLOYED	
HAS YOUR EMPLOYMENT SITUATION BEEN AFFECTED BY COVID-19?			YES	NO

WHAT CHALLENGES DID YOU EXPERIENCE IN YOUR PREVIOUS EMPLOYMENT?

Check all that may apply.

COMMUNICATION (CO-WORKERS & CUSTOMERS)

USING UNFAMILIAR EQUIPMENT/TECHNOLOGY

WORKING IN TEAMS

NOT HAVING ENOUGH TRAINING

ORGANIZATION & TIME MANAGEMENT

AFRAID OF MAKING MISTAKES

REMEMBERING TASKS & INFORMATION

NO WORK-LIFE BALANCE

LACK OF MOTIVATION

DIFFICULTY DEALING WITH CHANGE

CULTURAL DIFFERENCES

LACK OF ACCOMODATIONS

OTHER:**EMPLOYMENT
GOAL****LEARNING HISTORY**FAVOURITE SUBJECT/S IN
SCHOOLLEAST FAVOURITE
SUBJECT/S IN SCHOOL**OTHER EDUCATIONAL PROGRAMS & TRAININGS**

This may include computer courses, First Aid Training, WHMIS, Food Handling Certificate, etc.

POSSIBLE LEARNING CHALLENGES

Choose all that may apply.

PHYSICAL HEALTH	YES	NO	Details:	
MENTAL HEALTH	YES	NO	Details:	
PHYSICAL DISABILITY	YES	NO	Details:	
LEARNING DISABILITY	YES	NO	Details:	
DEVELOPMENTAL DISABILITY	YES	NO	Details:	
OTHER:				

SKILLS CHECKLIST

Check which applies best for each item.

DOCUMENT USE Can you...

YES	NO	Write or use to-do lists?
YES	NO	Locate and fill in information on forms, charts, or tables?
YES	NO	Use maps to find or give directions?
YES	NO	Use a table of contents or index page to find information?

READING

Can you...

YES	NO	Scan and email a memo or understand its meaning?
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YES	NO	Read and follow written instructions (recipe, prescription bottles)?
YES	NO	Refer to handbooks and manuals to use a new piece of equipment (stereo, TV)?
YES	NO	Read and understand formal documents (household bills, credit card agreements, insurance policies)?

WRITING Can you...

YES	NO	Write phone messages, short lists, notes, or emails?
YES	NO	Write memos or faxes to ask information?
YES	NO	Express your opinion in a one page letter or report?
YES	NO	Use correct grammar and spelling at all times?

NUMERACY Can you...

YES	NO	Write cheques and complete bank deposit slips?
YES	NO	Add, subtract, multiply, and divide numbers?
YES	NO	Create and follow a budget?
YES	NO	Estimate the cost of your grocery bill?

SPEAKING Can you...

YES	NO	Leave a brief phone message?
YES	NO	Ask others for help or information?
YES	NO	Give simple instructions?
YES	NO	Express your thoughts and ideas clearly so others understand?

DIGITAL Can you...

YES	NO	Enter a code into a system (bank machine, alarm system)?
YES	NO	Use internet search engines to find specific information?
YES	NO	Create documents with tables, charts, graphs, and images?
YES	NO	Use a computer, smartphone, tablet, and photocopier/printer?

LEARNER RESOURCES

PREVIOUSLY USED A COMPUTER?	YES	NO	ACCESS TO HIGH-SPEED INTERNET?	YES	NO
ACCESS TO COMPUTER/DEVICES?	YES	NO	DEVICES AVAILABLE		

SUPPORTS

Do you need any of the following? If yes, note details. If no, note if already accessed or why it is not needed.

BUS/TRANSPORTATION	YES	NO	Details:	
HOUSING	YES	NO	Details:	
FOOD	YES	NO	Details:	
ONTARIO WORKS	YES	NO	Details:	

ODSP	YES	NO	Details:	
LIBRARY CARD	YES	NO	Details:	
LANGUAGE SERVICES	YES	NO	Details:	
CHILDCARE	YES	NO	Details:	
ACCOMODATIONS	YES	NO	Details:	
OTHER:				

ACKNOWLEDGEMENT

By signing below, I understand the program will last for 12 weeks; this includes 4 weeks of workshops and 2 placements with local agencies. Furthermore, I agree to attend the workshops and job placements.

Signature over Printed Name

Date Signed

OTHER DETAILS: