

Agency Letterhead

PRE-ETS Work Place Readiness Report

CLIENT NAME: _____	AUTHORIZATION # _____
SPECIALIST: _____	PHONE: _____
REPORT DATE: _____	
ORS COUNSELOR: _____	

Dates of Participation: From: _____ To: _____

Hours per Day: _____ **Days per Week:** _____

Please list and explain any absences: _____

I. Structured Program:

Areas Addressed	What support is required?	State the specific support to be provided. i.e. (task list, lefthanded keyboard, coworker replenish work, etc.)
<u>Job Seeking Skills</u> Create resume: Upload resume: Complete a paper application: Search internet for jobs: Use a variety of search engine sites: Complete online application: Create Cover Letter: Create Thank You letter:	_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____

Areas Addressed	What support is required?	State the specific support to be provided. i.e. (task list, lefthanded keyboard, coworker replenish work, etc.)
<p>Client's use of Voicemail/Social Media</p> <p>Check voicemail?</p> <p>Check email?</p> <p>Is email address appropriate?</p> <p>Is voicemail message appropriate?</p> <p>Is social media profile appropriate?</p> <p>Are social media privacy settings set?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Interviewing Skills</p> <p>Did the client:</p> <p>Complete a mock interview?</p> <p>Answer all interview questions appropriately?</p> <p>Did client use appropriate language?</p>	<hr/> <hr/> <hr/> <hr/> 	<hr/> <hr/> <hr/> <hr/>

Areas Addressed	Please answer Y or N	State the specific support to be provided. i.e. (task list, lefthanded keyboard, coworker replenish work, etc.)
<p><u>Appearance/Hygiene</u></p> <p>Does the client have interview clothing?</p> <p>Is appearance/hygiene appear to be work appropriate?</p> <p>Would client be able to dress appropriately for interview?</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Barriers to Employment</u> <u>Does client have a</u></p> <p>Work history?</p> <p>Misdemeanor/Felony history?</p> <p>Reliable form of Transportation?</p> <p>Other barriers?</p>	<p><u>Is this a barrier?</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Interpersonal Skills</u></p> <p>Needs Redirection?</p> <p>Gets along w/others?</p> <p><u>Communication:</u></p> <p>Is client:</p> <p>Able to speak coherently?</p> <p>Able to utilize scripts if needed?</p> <p>Are prompts required?</p> <p>Is communication business-appropriate?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Areas Addressed	Please answer Yes or No	State the specific support to be provided. i.e. (task list, lefthanded keyboard, coworker replenish work, etc.)
<p><u>Classroom</u></p> <p>Did the client participate? _____</p> <p>Was client on time for class? _____</p> <p>Did the client stay for entire class? _____</p> <p>Did client overshare personal information? _____</p> <p>Did client miss any classes? _____</p> <p>Was client able to follow directions? _____</p> <p>Does client require assistive technology? _____</p> <p>Did client require one-on-one support? _____</p> <p>How many participants were in class? _____</p>		

Areas of Strength:	
Areas that need improvement:	

II. Job Preparation Findings: (Please explain any barriers that remain and note what specific strategies will be implemented.)

III. Recommendations: (Next steps toward employment goal. List next service needed based on performance and justification.)

Please be sure to attach copies of client's cover letter, resume, and thank-you letter.

Instructor Signature: _____

Date: _____

Client Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

ORS Counselor: _____

Date: _____