**C.F.I. Referral Packet**

Student’s Name: Age

Referred by: phone#

School:

Parent/Guardian Parent Phone #

Student Certification:

Student’s current placement and services:

List student’s last four years of programming (building and classroom placement):

How does the student relate to peers and adults?

Students maturity level is

Describe the student’s independent living skills:

List previous vocational training or job experiences:

Can the student independently use public transportation?

Describe the student’s level of self-care: (hygiene, cooking, etc.)

**Cognitive Domain**

1. Functional reading level:
2. Functional math level:
3. Ability to follow directions:

 Verbal: \_\_\_Good \_\_\_OK \_\_\_Poor

 Written: \_\_\_Good \_\_\_OK \_\_\_Poor

4. Retains instructions or concepts: \_\_\_Good \_\_\_OK \_\_\_Poor

5. Does he/she have trouble with spatial relationships?

 a. Knows left from right? \_\_\_ Yes \_\_\_No

 b. Gets lost in the building? \_\_\_ Yes \_\_No

6. Problem solving skills: \_\_\_Good \_\_\_OK \_\_\_Poor

**Affective Domain:**

1. Interpersonal relationships with peers: \_\_\_Good \_\_\_OK \_\_\_Poor

2. Interpersonal relationships with adults: \_\_\_Good \_\_\_OK \_\_\_Poor

3. Level of self-confidence: \_\_\_High \_\_\_Medium \_\_\_Low

4. Temperament (i.e., works alone, personable, moody, needs close supervision, needs varied or repetitive work):

**Work Attitudes – Student**

 Yes No

 \_\_\_ \_\_\_ Is willing to try any task/assignment requested

 \_\_\_ \_\_\_ Cooperates with co-workers

 \_\_\_ \_\_\_ Responds appropriately to supervision

 \_\_\_ \_\_\_ Accepts corrective criticism and praise

 \_\_\_ \_\_\_ Demonstrates appropriate interaction with co-workers

 \_\_\_ \_\_\_ Communicates needs and wants appropriately

 \_\_\_ \_\_\_ Cares properly for tools, machines, and equipment

 \_\_\_ \_\_\_ Cleans up work site when needed

 \_\_\_ \_\_\_ Adjusts readily to new work situation

 \_\_\_ \_\_\_ Is interested in further job training

**Teacher Checklist**

1. Does he/she have trouble managing time? \_\_\_Yes \_\_\_No

2. Can he/she tell time? \_\_\_Yes \_\_\_No

3. If attention span is a problem, how long can the student attend to a task?

4. Is sitting or standing a problem? \_\_\_Yes \_\_\_No

5. Does he/she have behavioral problems? \_\_\_Yes \_\_\_No

 If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does he/she have any peculiar mannerisms (i.e., rocking, shaking head, etc.)?

 \_\_\_Yes \_\_\_No

 If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does he/she exhibit an awareness of his/her appearance?

 Yes No

 \_\_\_ \_\_\_ Does he/she come to school neat/clean?

 \_\_\_ \_\_\_ Maintain neatness through the day?

**List any concerns/behaviors that may hinder employment/training away from the school site:**

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