**OREGON COMMISSION FOR THE BLIND**

JOB DEVELOPMENT REFERRAL FORM

Use this form to refer clients for Job Development services, including Job Club. If referring a client to Job Club, please ensure the client meets these requirements:

1)Ready to begin work

2)Has a defined career goal

3)Not currently training at the center

4)Willing to log 10 hours of related activities outside class each week

5)Willing to sign the confidentiality/job club contract

6)Able to comply with the 0 absence policy

REFERRAL OPEN :

REFERRAL CLOSED:

Status:
Counselor:
Client:
Street: City: State:
Zip:
Mailing: City: State:
Phone (H):

Phone (W):
E-mail Address:

DOB:
Vocational Objective:
Education:

**Eye Condition**

Describe current visual ability/limitations:

Please attach medical information as needed.

Preferred communication medium:

**General Medical Information**

Other disabling conditions:

**Work History**

**Current Mobility Skills** (visual, sighted guide, cane, guide dog, etc.)

**Prior Skills Training** (identify subject & current level of proficiency)

**Job Development Services Requested**

The client's plan specifically requires:

( ) resume writing

( ) master application preparation

( ) job development

( ) labor market survey

( ) mock interviews

( ) referral to job openings

( ) cover letter preparation

( ) assistance during interviews

( ) weekly job search

( ) accommodation assistance

( ) OJT assistance

( ) Community Work Experience

( ) Internship

( ) job retention counseling

( ) pre-employment counseling:

( ) self empowerment

( ) grooming and hygiene

( ) self esteem

( ) employer expectations

( ) interviewing skills

( ) job expectations

( ) dress for success

( ) referral to appropriate training

( ) goal setting

( ) other:

**Comments**

Describe any factors (i.e., behaviors, attitudes, health, disabilities, personal situation, criminal background, ability to pass drug screen, etc.) likely to impact client's ability to work: