



Referral Date: _____ By Whom: _____ Cell#: _____

E-mail: _____

Work Training

Direct Hire

California PROMISE JOB COACH REFERRAL FORM

Participant Name: _____ **Cell:** _____

Address: _____

Parent Name: _____ **Cell:** _____

DOR Counselor: _____ **Phone:** _____

Individual Strengths/Challenges:

Social Skills

Shy N/Y Outgoing N/Y Socially inappropriate N/Y
Inappropriate Speech N/Y Socially appropriate N/Y
Personal Appearance good N/Y

Communication

Good verbal skills N/Y Non-verbal N/Y
Speech unclear N/Y Limited speech N/Y
Limited English N/Y Understands complex direction N/Y
Understands/follows verbal directions N/Y

Behavior

Easygoing N/Y Works well under pressure N/Y Gets along with others N/Y
Stays Focused N/Y Has difficulty with pressure N/Y

Academic

Below 5th grade level N/Y

Notes: _____

Training WORKSITE _____

Address _____

Supervisor _____ **Phone** _____

Possible Training Job Duties _____

Work Hours/Days _____

Transportation: Community N/Y Vendor N/Y Personal N/Y Parent Permission N/Y

Needed Supports/Job Coaching Strategies:

*Please attach participant's up to date resume.



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