



Disability Information

Reported Disability (DRS) \_\_\_\_\_

Barriers to Employment (Based on Reported Disability) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical/Physical/Psychological Treatment (Past/Present) Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Educational Information

Last School Attended: \_\_\_\_\_

School Contact (if currently enrolled): \_\_\_\_\_

Year Graduated (if applicable): \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Outcome: \_\_Diploma      \_\_Certificate of Attendance      \_\_GED      \_\_ IEP on Record

Vocational Training: Yes/No      Course: \_\_\_\_\_

Skills Acquired: \_\_\_\_\_

\_\_\_\_\_

Certification: Yes/No

College: \_\_\_\_\_ Degree(s) Received: \_\_\_\_\_

Years Attended (circle one): 1 2 3 4 5 6 N/A

Favorite Subject in School: \_\_\_\_\_

Least Favorite Subject in School: \_\_\_\_\_

Employment Information

List previous employment; beginning with the most recent (please include High School Work Experience/Volunteer Work):

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Overall Summary of Employment/Work History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you require any special accommodations?

(Assistive Technology, Job Coaching, Flexible Schedules, etc)

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\_\_\_\_\_

\_\_\_\_\_