**OREGON COMMISSION FOR THE BLIND**

PROGRESSIVE EMPLOYMENT PREPARATION SERVICES

Use this form to refer clients for Progressive Employment Foundational Skills

PE REFERRAL DATE :

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:

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)

**Progressive Employment Services Requested**

The client's plan specifically requires:

( ) resume writing

( ) introduction to WorkSource

( ) labor market research

( ) mock interviews

( ) referral to job openings

( ) cover letter preparation

( ) accommodation assistance

( ) Community Work Experience

( ) pre-employment counseling

( ) disability disclosure

( ) grooming and hygiene

( ) self esteem

( ) employer expectations

( ) interviewing skills

( ) other:

**Comment:**

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: