

**Building Independence
Pre-employment Prep
Pre-Screening Form**

Client Name:

Client DOB:

Name of candidate:	Home Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Home phone: Cell phone:
Email:	Alternate contact information:

1. Are you eligible for Community Living disABILITY Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How did you learn about the Building Independence program?	
<input type="checkbox"/> Social Media	<input type="checkbox"/> Through a friend or family member
<input type="checkbox"/> MarketAbilities	<input type="checkbox"/> Other
<input type="checkbox"/> School/College/University Counsellor	
3. Do you have a confirmed diagnosis of Autism Spectrum Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1. Date of diagnosis:	
3.2. Name of diagnosing clinician:	
3.3. What is your understanding of your diagnosis?	
4. Do you have any serious mental health concerns that could interfere with employability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" please describe:	
6.1 Do you take any medications for the above mental health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2 Are you connected to a mental health support service or practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", who/where:	

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7. Do you have access to transportation to get to and from training sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Behaviour Screen		
6. Do you have any behaviour that could interfere with social situations? <i>(ie. Aggression, unexpected verbalizations, self-injurious behaviours, sexually inappropriate comments/behaviours, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please describe:		
7. Are you able to independently attend to your hygiene and toileting needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
8. Can you write/type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please describe your writing level (check one).	<input type="checkbox"/> Single Words	<input type="checkbox"/> Sentences <input type="checkbox"/> Paragraph-Length
a. Do you use these writing skills on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you able to work independently on activities, including homework with minimal supervision and stay on task for a set period of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Socio – Emotional Screen

10. Can you tolerate a group learning environment? (ie. Noise, visual stimulation, multiple conversations)

Yes

No

Comments:

11. Are you able to sit through 3 hour training sessions (this includes breaks)

Yes

No

Note in your comments: Can you focus on a task that may not be of interest; can you complete simple tasks when asked; do you require prompting?

Comments:

Organizational Skills

1. Can you use the telephone? (i.e. Can **independently** make and receive phone calls **without undue anxiety**?)

Yes

No

2. Can you use a computer?

Yes

No

3. Can you use email, spell check, Microsoft Word, etc?

Yes

No

4. Do you have access the Internet?

Yes

No

If "yes", are there any supervision concerns we should be aware of when you access the Internet?