Pathways to Employment
Launch into Life
Transition Planning Process
Pre-Screening Form

Client Name:

Client DOB:

Name:	Home Address:
Family member with ASD gender: ☐ Male ☐ Female ☐ Other	Home phone: Cell phone:
Email:	Alternate contact information:

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

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

Socio – Emotional Screen		
10. Can they tolerate a group learning environment? (ie. Noise, visual stimulation, multiple conversations)	☐ Yes	☐ No
Comments:		
11. Are they able to sit through 3 hour training sessions (this includes breaks)	☐ Yes	☐ No
Note in your comments: Can they focus on a task that may not be of interest; can they complete simple tasks when asked; do you require prompting?		
Comments:		

Organizational Skills		
1. Can they use the telephone? (i.e. Can **independently** make and receive phone calls **without undue anxiety?**)	☐ Yes	☐ No
2. Can they use a computer?	☐ Yes	☐ No
3. Can they use email, spell check, Microsoft Word, etc?	☐ Yes	☐ No
4. Do they have access the Internet?	☐ Yes	☐ No
If "yes", are there any supervision concerns we should be aware of when they access the Internet?		