

Customer Profile Form

Customer Name: _____ Social Security #: _____

Staff Completing Form: _____ I.D. Code: _____

Date of Screening (month/day/year): _____ / _____ / _____

Types of Screening: Initial _____ Ongoing/Employment _____ Ongoing/Unemployment _____

Total number of hours per week presently working: _____ Months per year: _____

General Directions: PLEASE DO NOT LEAVE ANY ITEM UNANSWERED

Indicate the most appropriate response for each item based on observations of the customer and interviews with individual who know the customer (i.e., family members, adult service providers, school personnel, employers).

1. Availability: (check Yes or No for each item)

Will work weekends: _____ Yes _____ No

Will work part-time: _____ Yes _____ No

Will work evenings: _____ Yes _____ No

Will work full-time: _____ Yes _____ No

Specifics/Comments: _____

2. Transportation: (check Yes or No for each item)

Transportation available: _____ Yes _____ No

Family will transport: _____ Yes _____ No

Access to specialized travel services: _____ Yes _____ No

Provides own transportation (bike, car, walks): _____ Yes _____ No

Lives on bus route: _____ Yes _____ No

Specifics/Comments: _____

3. Strength — Lifting and Carrying:

_____ Poor (< 10 lbs) _____ Fair (10-20 lbs) _____ Average (30-40 lbs) _____ Strong (> 50 lbs)

Specifics/Comments: _____

4. Endurance: (without breaks)

_____ Works < 2 hours _____ Works 2-3 hours _____ Works 3-4 hours _____ Works > 4 hours

Specifics/Comments: _____

5. Orienting:

___ Small area only ___ One room ___ Several rooms ___ Building wide ___ Building & ground

Specifics/Comments: _____

6. Physical mobility:

___ Sit/stand in one area ___ Fair ambulation ___ Stairs/minor obstacles ___ Full physical abilities

Specifics/Comments: _____

7. Independent work rate: (no prompts)

___ Slow pace ___ Steady/average pace ___ Above average/sometimes fast pace ___ Continual fast pace

Specifics/Comments: _____

8. Appearance:

___ Unkempt/poor hygiene ___ Neat/clean but clothing unmatched
___ Unkempt/clean ___ Neat/clean and clothing matched

Specifics/Comments: _____

9. Communication:

___ Uses sounds/gestures ___ Speaks unclearly
___ Unkempt/clean ___ Communicates clearly, intelligible to strangers

Specifics/Comments: _____

10. Appropriate social interactions:

___ Rarely interacts appropriately ___ Initiates social interactions infrequently
___ Polite, responses appropriate ___ Initiates social interactions frequently

Specifics/Comments: _____

11. Unusual behavior:

___ Many unusual behaviors ___ Few unusual behaviors ___ No unusual behaviors

Specifics/Comments: _____

12. Attention to task/perseverance:

Frequent prompts required
 Intermittent prompts/high supervision required

Intermittent prompts/low supervision required
 Infrequent prompts/low supervision required

Specifics/Comments: _____

13. Independent sequencing of job duties:

Cannot perform tasks in sequence
 Performs 2-3 tasks in sequence

Performs 4-6 tasks in sequence
 Performs 7 or more tasks in sequence

Specifics/Comments: _____

14. Initiative/motivation:

Always seeks work Sometimes volunteers Waits for directions Avoids next task

Specifics/Comments: _____

15. Adapting to change:

Adapts to change
 Adapts to change with some difficulty

Adapts to change with great difficulty
 Rigid routine required

Specifics/Comments: _____

16. Reinforced needs:

Frequent required
 Intermittent (daily) sufficient

Infrequent (weekly sufficient)
 Pay check sufficient

Specifics/Comments: _____

17. Family Support

Very supportive of work
 Supportive of work with reservations

Indifferent about work
 Negative about work

Specifics/Comments: _____

18. Customer's financial situation:

Financial ramifications no obstacle
 Requires job with benefits

Reduction of financial aid is a concern
 Unwilling to give up financial aid

Specifics/Comments: _____

19. Discrimination skills:

- Cannot distinguish between work supplies Distinguishes between work supplies
 Distinguishes between work supplies with an external cue

Specifics/Comments: _____

20. Time awareness:

- Unaware of time and clock function Can tell time to the hour
 Identifies breaks and lunch Can tell time in hours and minutes

Specifics/Comments: _____

21. Functional reading:

- None Sight words/symbols Simple reading Fluent reading

Specifics/Comments: _____

22. Functional math:

- None Simple counting Simple addition/subtraction Computation skills

Specifics/Comments: _____

23. Independent street crossing:

- None Crosses 4 lane street with light
 Crosses 2 lane street with light Crosses 4 lane street without light
 Crosses 2 lane street without light

Specifics/Comments: _____

24. Handling criticism/stress:

- Resistive/argumentative Accepts criticism/does not change behavior
 Withdraws into silence Accepts criticism/changes behavior

Specifics/Comments: _____

25. Acts/speaks aggressively:

- Hourly Daily Weekly Monthly Never

Specifics/Comments: _____

26. Travel skills: (check Yes or No for each item)

- Requires bus training Yes No
- Uses bus independently/no transfer Yes No
- Uses bus independently/makes transfer Yes No
- Able to make own travel arrangements Yes No

Specifics/Comments: _____

27. Benefits consume needs: (check Yes or No for each choice)

- 0 = None Yes No
- 1 = Sick Leave Yes No
- 2 = Medical/health benefits Yes No
- 3 = Paid vacation/annual leave Yes No
- 4 = Dental benefits Yes No
- 5 = Employee discounts Yes No
- 6 = Free or reduced meals Yes No
- 7 = Other (specify): _____

28. Check all that customer has performed:

- | | | | |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Bus tables | <input type="checkbox"/> Sweeping | <input type="checkbox"/> Dish machine use | <input type="checkbox"/> Keeping busy |
| <input type="checkbox"/> Food prep. | <input type="checkbox"/> Assembly | <input type="checkbox"/> Mopping (indust.) | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Buffing | <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Food line supply | <input type="checkbox"/> Pot scrubbing |
| <input type="checkbox"/> Dusting | <input type="checkbox"/> Restroom cleaning | <input type="checkbox"/> Trash disposal | <input type="checkbox"/> Other: (specify) |
| <input type="checkbox"/> Stocking | <input type="checkbox"/> Washing equipment | <input type="checkbox"/> Food serving | _____ |
| | | | _____ |

Medications? _____

Medical Complications/Conditions? _____

Additional Comments: _____
