

# Customer Profile Form

Customer Name: Michael Social Security #: 226-30-1212

Staff Completing Form: Susan Smith I.D. Code: \_\_\_\_\_

Date of Screening (month/day/year): 08 / 26 / 93

Types of Screening: Initial  Ongoing/Employment  Ongoing/Unemployment

Total number of hours per week presently working: 0 Months per year: 0

## 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: Dependent on specialized transportation

### 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: Mother will transport if possible

### 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: Slow, steady pace however.

**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: Limitation right arm, unsteady gait when walking appears to have limited flexibility.

**7. Independent work rate: (no prompts)**

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

Specifics/Comments: Works at a very slow and deliberate pace.

**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: Sometimes difficult to understand.

**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: Situation dependent \_\_\_\_\_

**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: ~~Appears to accept criticism but becomes easily frustrated w/continued supervisor 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: ~~Receives SSI Mother concerned with potential loss of SSI.~~ \_\_\_\_\_

**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: ~~Can not make change, will use calculator, very limited math skills.~~ \_\_\_\_\_

**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: ~~Slow speed, causes of great concern with mother~~ \_\_\_\_\_

**24. Handling criticism/stress:**

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

Specifics/Comments: ~~Depends on situation, some inappropriate behavior observed.~~ \_\_\_\_\_

**25. Acts/speaks aggressively:**

- Hourly       Daily       Weekly       Monthly       Never

Specifics/Comments: ~~Can be very stubborn.~~ \_\_\_\_\_

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

Requires bus training	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Uses bus independently/no transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses bus independently/makes transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Able to make own travel arrangements	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specifics/Comments: \_\_\_\_\_

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

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

**28. Check all that customer has performed:**

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

Medications? None

Medical Complications/Conditions? Eye therapy.

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_