**Community Rehabilitation Provider (CRP)**

**Pre- Employment Activities Report**

**Participant:** **Date:**

**Counselor:**

**CRP:**

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| Observations and concerns: *Please include any information including notable behaviors, social/interpersonal skills, communication or other barriers noted*       |

**Labor Market Information**

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| Was labor market exploration and education provided? Choose an item. |
| Please detail the career paths explored projected wages, job availability, qualifications/experience/education needed and advancement opportunities in each field.**Occupation 1**:      **Occupation 2**:      **Occupation 3**:      **Geographic Labor Market information specific to participant**:        |

**Tours**

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| Did participant attend any tours? Choose an item.  |
| Please provide details on each business tour including the following information *– business name, location, tour information, environment, types of jobs observed, notable behaviors of participant on tour* **Tour 1**:      **Tour 2**:      **Tour 3**:       |

**Informational Interviews**

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| Did participant complete informational interviews? Choose an item.  |
| Please provide list where informational interviews occurred and attach **Informational Interview Report****Interview 1**:      **Interview 2**:      **Interview 3**:       |

**Job Shadows**

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| Did participant complete Job Shadows? Choose an item.  |
| Please provide list where job shadows occurred and attach **Job Shadow Report****Job Shadow 1**:      **Job Shadow 2**:      **Job Shadow 3**:       |

**Community Integration Activities**

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| Did participant complete community based activities? Choose an item.  |
| Please provide list what community based activities occurred: **Job Fairs:** **Networking Events:** **Job Club:** **Employment Security:****Other Community Activities or Resources Explored:**  |

**Post-Secondary Exploration**

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| Did participant complete any post-secondary exploration? Choose an item. School visits, interviews, tours, training programs, trade & vocational schools |
| Please list visits made and attach Post-Secondary Information sheets:**Visit #1:****Visit #2:****Visit #3:****Visit #4:****Visit #5:** |

**Additional Information**

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|  | **Excellent** | **Satisfactory** | **Needs Improvement** | **Comments** |

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| **Participation** | **[ ]**  |  **[ ]**  |  **[ ]**  |  |
| **Communication** |  **[ ]**  |  **[ ]**  |  **[ ]**  |  |
| **Motivation** |  **[ ]**  |  **[ ]**  |  **[ ]**  |  |
| **Timeliness** |  **[ ]**  |  **[ ]**  |  **[ ]**  |  |
| **Reliability** |  **[ ]**  |  **[ ]**  |  **[ ]**  |  |
| **Appearance/Hygiene** |  **[ ]**  |  **[ ]**  |  **[ ]**  |  |
| **Appropriate Behavior** |  **[ ]**  |  **[ ]**  |  **[ ]**  |  |
| **Attendance** |  **[ ]**  |  **[ ]**  |  **[ ]**  |  |
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