**RES Referral Screening Tool**

***Take a moment to reflect on your knowledge of the individual you are referring to give your best answer to the following questions to both help determine whether an individual is ready for competitive, integrated employment OR help identify the key areas of development an individual would want to create a growth plan towards more independent employment. Work together with the individual to complete. Please note that your honest responses support RES in identifying the best pathway, strategies and supports as we move forward in support of the unique goals of this individual.***

1. Could the individual’s mental or physical health present an obstacle to employment?

**Y / N**

If yes, explain.

2. Could the individual’s lifestyle or ability to make healthy decisions, assess risk or manage conflict present an obstacle to employment?

**Y / N**

If yes, explain. safe in community but quick to react in conflict situations (get upset, yell, jump to conclusions)

3. Could the individual’s ability to set, follow and adapt to a schedule/routine (sleep, ADL’s, hygiene, etc.) present an obstacle to employment?

**Y / N**

If yes, explain. Struggle with sleep patterns; stay up late with games and TV and can be late for scheduled commitments

4. Does the individual’s access to essential needs and supports (housing, food, heat, transportation, childcare etc.) present an obstacle to employment?

**Y / N**

If yes, explain. Has stable housing w/caregiver and transportation but could benefit from travel training

5. Does the individual’s access to or ability to engage with natural and provider-based supports present an obstacle to employment?

**Y / N**

If yes, explain.

**Please Circle Areas of Competency**

*(as defined by ability to perform independently)*

**Tracks Personal Items**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Maintains Focus**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Initiates Task**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Completes Task**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Follows Directions**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Seeks Feedback**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Verbal Communication**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Written Communication**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Conflict Management**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Applies Feedback**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Advocates for Self**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Works as Part of a Team**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Asks for Help**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Working Memory**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Able to Access and use Assistive / Adaptive Tech**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Time Management**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Ability to Respond to Text, Calls, Emails**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Impulse Control-Time and Place**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Work/Activity Time Threshold**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Transition Activities**

*NOT AT ALL* *WITH SUPPORT* *INDEPENDENTLY*

**Name of Individual Screened \_\_\_\_\_\_Mr. Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Completing Screening Tool: \_\_\_CBDS Case Manager\_\_\_\_\_\_\_\_**