

DRS REFERRAL – Page 3 of 3 for Referral
ELIGIBILITY CRITERIA
AREAS of WEAKNESS

Please check the functional limitations (weaknesses) which will result in an impediment to employment. Check all areas that apply. Be as thorough as possible.

MOBILITY

- utilizing transportation
- traveling alone in unfamiliar places
- moving from place to place
- other – please describe _____

COMMUNICATION

- talking/speaking
- hearing and understanding spoken language
- writing/printing short notes and communications
- reading and comprehending notes, signs, instructions
- other – please describe _____

SELF-CARE

- managing daily schedule
- adjusting to changes in daily routine or new situations
- managing financial responsibilities
- assessing, recognizing, managing potential environmental hazards
- performing activities of daily living
- managing medical needs
- other – please describe _____

SELF-DIRECTION

- maintaining schedules and routines
- following directions
- completing tasks
- identifying consequences of behavior
- working independently
- other – please describe _____

INTERPERSONAL SKILLS

- _____ demonstrating appropriate and acceptable social behavior
- _____ establishing or maintaining positive relationships and/or interactions
- _____ adjusting to disability related characteristics
- _____ other – please describe _____

WORK TOLERANCE

- _____ leaving/missing work for medical treatment/problems
- _____ working for an eight hour day
- _____ performing work requiring frequent lifting, carrying, pushing, pulling
- _____ sitting/standing/walking for extended periods
- _____ being adversely affected by changes in environment (heat, cold, etc.)
- _____ other – please describe _____

WORK SKILLS

- _____ maintaining concentration and attention
- _____ remembering, understanding, following oral or written instructions
- _____ learning new tasks
- _____ reading, spelling, math
- _____ conforming to established work rules
- _____ achieving expected productivity
- _____ meeting deadlines
- _____ following safety rules
- _____ reporting to work on time, returning from breaks and lunch on time
- _____ inability to transfer work skills
- _____ other – please describe _____

Form Completed By: _____
PRINT NAME

SIGNATURE

Email Address: _____