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| Career Interests and Skills Assessment (CISE)  Intake Questionnaire |

Please complete this questionnaire about the potential client. It can be completed by the client him/herself or by his/her guardian, family members, teachers, related professionals, service coordinator, or friends. Your insight is very important.

|  |  |  |  |
| --- | --- | --- | --- |
| Person Completing Form: |  | Phone # |  |

You can complete this form on a computer by using the “tab” key to move from one item to the next. Please save the completed form and then e-mail it to us at TrendlineDRB@gmail.com . If you would rather complete this form by hand, you can print it, write in your responses, and then mail it to us at the address above. Please call us at 573-605-1600 or e-mail us at TrendlineDRB@gmail.com with any questions or comments about this questionnaire or process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DEMOGRAPHICS | Name |  |  | Date of Birth |  |
|  | Phone # |  |  | Street Address |  |
|  | Cell Phone |  |  | City |  |
|  | Parent 1 |  |  | Zip Code |  |
|  | Parent 2 |  |  | E-Mail |  |

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| --- | --- | --- | --- | --- | --- |
| EMERGENCY  CONTACTS | Name Contact #1 |  |  | Phone Number 1 |  |
| Relationship |  |  | Phone Number 2 |  |
|  |  |  |  |  |
| Name Contact #2 |  |  | Phone Number 1 |  |
| Relationship |  |  | Phone Number 2 |  |

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| SUPPORT TEAM | List people who are important to the individual, people who might help to create a great employment plan, people who can help make employment more successful. | | | | |
| Family |  |  | Support Coordinator |  |
| Family |  |  |  |
| Family |  |  |  |  |
| Partner or Close Friends |  |  |  |  |
|  |  |  |  |
| Other |  |  | Oher |  |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- |
| LIFE SITUATIONS | What is the person’s current legal status? | | Is a Minor (under age 18) | |
|  | | Is His/Her Own Legal Guardian | |
|  | | Has a Legal Guardian | |
|  | | Name: |  |
|  | | Phone 1: |  |
|  | | Phone 2: |  |
|  | | E-mail: |  |
|  | | Has a Financial Conservator | |
|  | | Name: |  |
|  | | Phone 1: |  |
|  | | Phone 2: |  |
|  | | E-mail: |  |
|  | |  | |
| What is the person’s current living arrangement? | | Is Living With Family Members | |
|  | | Lives on Own w/out Support | |
|  | | Lives on Own w/ Part-Time Help | |
|  | | Lives On Own w/ Full-Time Staff | |
|  | | Lies in a Facility / Treatment Center | |
|  | |  | |
| What is the person’s current educational status? | | Currently Home-Schooled | |
| What kinds of classes did the person most enjoy? |  | Currently in High School | |
|  | Graduated High School or GED | |
|  | Currently in Training Program | |
|  |  | Finished Training or Cert. Program | |
| What kinds of classes were the hardest or did the person least enjoy? |  | Taking College Classes | |
|  | Has College Degree | |
|  |  | |

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| Notes (leave blank): |

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| --- | --- | --- | --- |
| LIFE SITUATIONS (cont.) | What is the person’s current employment status? | Not Working & Does Not Want To | |
|  | Not Working But Wants To | |
|  | Volunteers | |
|  | Name of Place: |  |
|  | Phone #: |  |
|  | Works at Sheltered Workshop | |
|  | Name of Place: |  |
|  | Phone #: |  |
|  | Employed Part Time in Community | |
|  | Name of Place: |  |
|  | Phone #: |  |
|  | Employed Full Time in Community | |
|  | Name of Place: |  |
|  | Phone #: |  |
|  |  | |
| If the person works (in a sheltered workshop or in the community), what kind of job is it? What are the person’s main responsibilities at work? |  | |
|  | |
|  | |
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|  | |
|  |  | |
| What is the person’s current financial status? | Gests income through social security or disability only. | |
|  | Gests income through social security or disability and from work. | |
|  | Gets income through work only. | |
|  | Has no income. | |
|  | Other: | |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT SERVICES AND PROVIDERS | Is the person currently receiving any type of educational services (including public education, training or certificate programs, and college coursework)? | | | | | Yes | No |
| Attends on | | days each week for hours each day | | | |
| School | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |
|  | | | | | | |
| Is the person currently receiving Speech or Language services? | | | | | Yes | No |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |
|  | | | | | | |
| Is the person currently receiving Physical Therapy or Occupational Therapy? | | | | | Yes | No |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |
|  | | | | | | |
| Is the person currently receiving PCSC or Behavior Therapy services? | | | | | Yes | No |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |
|  | | | | | | |
| Is the person receiving ISL, Group Home, or Personal Assistant services? | | | | | Yes | No |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT SERVICES AND PROVIDERS (cont.) | Is the person currently receiving any social skills services? | | | | | Yes | No |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |
|  | | | | | | |
| Is the person currently receiving any employment services? | | | | | Yes | No |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |
|  | | | | | | |
| Is the person currently receiving any other service? | | | | | Yes | No |
| What Service? | |  | | | |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |
|  | | | | | | |
| Is the person currently receiving any other service? | | | | | Yes | No |
| What Service? | |  | | | |
| Attends on | | days each week for hours each day | | | |
| Agency | |  | Best Contact: |  | | |
| # of Years | |  | Contact Phone #: |  | | |
|  |  |  | Contact E-Mail: |  | | |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- |
| DIAGNOSES | Please list all medical, psychological, and/or educational diagnoses and the approximate dates (month/year) of each if possible. | | | | |
| Diagnosis |  |  | Approximate Date |  |
| Diagnosis |  |  | Approximate Date |  |
| Diagnosis |  |  | Approximate Date |  |
| Diagnosis |  |  | Approximate Date |  |
| Diagnosis |  |  | Approximate Date |  |

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| --- | --- | --- | --- | --- | --- |
| MEDICATIONS AND DOCTOR | Please list all prescription and non-prescription medications that the person takes and the perceived reasons or aims of each. | | | | |
| Medication |  |  | Reason |  |
| Medication |  |  | Reason |  |
| Medication |  |  | Reason |  |
| Medication |  |  | Reason |  |
| Medication |  |  | Reason |  |
| Medication |  |  | Reason |  |
| Medication |  |  | Reason |  |
|  | |  |  |  |
| Who is the individual’s personal doctor or person most directly responsible for his/her care? | |  | Name of Doctor |  |
|  | Agency/Location |  |
|  | Phone # |  |

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| Notes (leave blank): |

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| SENSORY AND MOTOR SKILLS | How would you rate the person’s sight? | | | | |
|  | Can’t See | Poor | Average or Above | Average w/ Glasses/Contacts |
|  | | | | |
| How would you rate the person’s hearing? | | | | |
|  | Can’t Hear | Poor | Average or Above | Average w/ Hearing Aids |
|  | | | | |
| How would you rate the person’s ability to process touch/temperature/pain? | | | | |
|  | Can’t Feel It | Poor | Average or Above |  |
|  | | | | |
| How would you rate the person’s sense of smell? | | | | |
|  | Can’t Smell | Poor | Average or Above |  |
|  | | | | |
| How would you rate the person’s sensed of taste? | | | | |
|  | Can’t Taste | Poor | Average or Above | Likes Strong Tastes |
|  | | | | |
| How would you rate the person’s balance? | | | | |
|  | Often Loses Balance | Poor on Certain Surfaces | Average or Above | Quite Good |
|  | | | | |
| How would you rate the person’s ability to bend, twist, and reach? | | | | |
|  | Very Poor | Poor | Average or Above |  |
|  | | | | |
| How would you rate the person’s ability to walk or to move around his/her environment? | | | | |
|  | Can’t Move | Poor | Average or Above | Average w/ Modifications Such As Canes, Walker, or Wheelchair |
|  | | | | |
| How would you rate the person’s ability to lift and carry objects of perhaps 25 lbs? | | | | |
|  | Cannot | Poor | Average or Above | Quite Good |
|  | | | | |
| How would you rate the person’s ability to use two hands at the same time? | | | | |
|  | Cannot | Poor | Average or Above | Quite Good |
|  | | | | |
| How would you rate the person’s ability to use fingers to put things together? | | | | |
|  | Cannot | Poor | Average or Above | Quite Good |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- | --- |
| COMMUNICATION AND COMPREHENSION | What is the person’s primary mode of communicating with others? | | | | | |
|  | Talking | Tablet or Communication Device | Sign Language | None | Other: |
|  | | | | | |
| Approximately how many words can the individual say or produce? | | | | | |
|  | Thousands | 500-1,000 | 100-500 | 10-100 | 0-10 |
|  | | | | | |
| How well can the person understand language and follow instructions? | | | | | |
|  | Not At All | Very Poorly | Poorly | Well | Very Well |
|  | | | | | |
| How well can the person answer questions that he/she is asked? | | | | | |
|  | Not At All | Very Poorly | Poorly | Well | Very Well |
|  | | | | | |
| How well can the person ask questions when he/she needs help or wants to know something? | | | | | |
|  | Not At All | Very Poorly | Poorly | Well | Very Well |
|  | | | | | |
| How well can the person express how he/she is feeling about things? | | | | | |
|  | Not At All | Very Poorly | Poorly | Well | Very Well |
|  |  |  |  |  |  |
| How well can the person tell others when he/she is in pain or is uncomfortable? | | | | | |
|  | Not At All | Very Poorly | Poorly | Well | Very Well |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- |
| ALLERGIES / RESTRICTIONS | Please list all known allergies and/or restrictions in each of the following areas. If there are none, type or write “none” in the first space and leave the rest of the spaces in that area blank. | | | | |
|  | **List Allergies** |  |  | **List Restrictions** |
| Foods |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Chemicals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Animals |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Environmental / Outdoor |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| Electronics, Internet, Social Media | | | |  |
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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYMENT HISTORY | 1. Current or Most Recent Job | | | | | | | | |
| Location |  |  | Start Date | |  | End Date | |  |
| Phone # |  |  | Supervisor | |  | | | |
| Job Title and/or Responsibilities | | | |  | | | | |
| How Much Did the Person Like This Job? | | | | Hated It | It Was Okay | | Loved It | |
| What Was the Reason For Leaving? | | | |  | | | | |
|  | | | | | | | | |
| 2. Next Most Recent Job | | | | | | | | |
| Location |  |  | Start Date | |  | End Date | |  |
| Phone # |  |  | Supervisor | |  | | | |
| Job Title and/or Responsibilities | | | |  | | | | |
| How Much Did the Person Like This Job? | | | | Hated It | It Was Okay | | Loved It | |
| What Was the Reason For Leaving? | | | |  | | | | |
|  | | | | | | | | |
| 3. Next Most Recent Job | | | | | | | | |
| Location |  |  | Start Date | |  | End Date | |  |
| Phone # |  |  | Supervisor | |  | | | |
| Job Title and/or Responsibilities | | | |  | | | | |
| How Much Did the Person Like This Job? | | | | Hated It | It Was Okay | | Loved It | |
| What Was the Reason For Leaving? | | | |  | | | | |
|  | | | | | | | | |
| 4. Next Most Recent Job | | | | | | | | |
| Location |  |  | Start Date | |  | End Date | |  |
| Phone # |  |  | Supervisor | |  | | | |
| Job Title and/or Responsibilities | | | |  | | | | |
| How Much Did the Person Like This Job? | | | | Hated It | It Was Okay | | Loved It | |
| What Was the Reason For Leaving? | | | |  | | | | |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- |
| EMPLOYNENT SKILLS | Can the person… | | Yes | Somewhat | No |
|  | Count? |  |  |  |
|  | Recognize and Understand Numbers? |  |  |  |
|  | Count and use money correctly? |  |  |  |
|  | Maintain finances, check account, bank account? |  |  |  |
|  | Use measuring devices like measuring cups, rules, tape measures, scales, etc? |  |  |  |
|  | Type? |  |  |  |
|  | Use computers, computer files, and printers? |  |  |  |
|  | Use scanners, copiers, fax machines, and phone systems? |  |  |  |
|  | Use complex computer programs or apps (coding, CAD, video editing, PowerPoint, etc.)? |  |  |  |
|  | Navigate and use the internet? |  |  |  |
|  | Read and understand single words? |  |  |  |
|  | Read and understand sentences and paragraphs? |  |  |  |
|  | Write numbers and letters. |  |  |  |
|  | Write words. |  |  |  |
|  | Write original sentences. |  |  |  |
|  | Use simple tools like screwdrivers and hammers? |  |  |  |
|  | Use power tools like drills and saws? |  |  |  |
|  | Use a push lawn mower and weed-eater? |  |  |  |
|  | Use a microwave safely and effectively? |  |  |  |
|  | Use an oven safely and effectively? |  |  |  |
|  | Use a stove safely and effectively? |  |  |  |
|  | Operate a dishwasher? |  |  |  |
|  | Operate a washing machine and dryer? |  |  |  |
|  | Use cleaning supplies and chemicals? |  |  |  |
|  | Drive a car safely and effectively? |  |  |  |
|  | Operate a forklift or other heavy machinery? |  |  |  |
|  | Drive a large vehicle like a bus or a truck? |  |  |  |
|  | Interact with and care for children? |  |  |  |
|  | Interact with and care for pets and animals? |  |  |  |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- |
| EMPLOYNENT SKILLS (cont.) | Can the person… | | Yes | Somewhat | No |
|  | Spontaneously transition from one step to the next within familiar tasks and activities? |  |  |  |
|  | Learn schedules and routines through repetition? |  |  |  |
|  | Tell time? |  |  |  |
|  | Manage time and tasks? |  |  |  |
|  | Use time to guide activities? |  |  |  |
|  | Monitor and evaluate his/her own performance and speed? |  |  |  |
|  | Follow visual schedules or sequences? |  |  |  |
|  | Follow written schedules or task lists? |  |  |  |
|  | Complete written paper work and forms? |  |  |  |
|  | Make notes and written lists to self? |  |  |  |
|  | Tolerate stress and frustration? |  |  |  |
|  | Use appropriate strategies to calm him/herself? |  |  |  |
|  | Interact well with and tolerate people? |  |  |  |
|  | Stay for long periods in hot places (85 degrees or more)? |  |  |  |
|  | Stand on his/her feet for long periods of time (2+ hours)? |  |  |  |
|  | Continue working on physical tasks or activities for long periods of time (1+ hour)? |  |  |  |
|  | Tolerate ladders and heights (up to perhaps 15 feet)? |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYMENT INTERESTS | List any jobs or occupations that the person has shown interest in. | | | | | |
|  | 1. |  |  | 2. |  |
|  | 3. |  |  | 4. |  |
|  | 5. |  |  | 6. |  |
|  | | | | | |
| List any jobs or occupations that the person does not want to explore. | | | | | |
|  | 1. |  |  | 2. |  |
|  | 3. |  |  | 4. |  |
|  | 5. |  |  | 6. |  |

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| --- |
| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- |
| BEHAVIORAL CHALLENGES | How would you rate the person’s behavior? | | | | |
|  | Dangerous | Extremely difficult to handle | |
|  | Somewhat difficult to handle | Average for his/her age | |
| Please think about the four negative or odd behaviors that might most limit employment possibilities and success. Describe each of these behaviors in the spaces below. | | | | | |
|  | | | | | |
| Describe Behavior #1: | | |  | | |
| How often does this behavior occur? | | |  | | |
| Where is this behavior most likely to occur? | | |  | | |
| With whom or to whom is this behavior most likely? | | |  | | |
| When is this behavior most likely to occur? | | |  | | |
| What could we do to avoid this behavior? | | |  | | |
|  | | |  | | |
| Describe Behavior #2: | | |  | | |
| How often does this behavior occur? | | |  | | |
| Where is this behavior most likely to occur? | | |  | | |
| With whom or to whom is this behavior most likely? | | |  | | |
| When is this behavior most likely to occur? | | |  | | |
| What could we do to avoid this behavior? | | |  | | |
|  | | |  | | |
| Describe Behavior #3: | | |  | | |
| How often does this behavior occur? | | |  | | |
| Where is this behavior most likely to occur? | | |  | | |
| With whom or to whom is this behavior most likely? | | |  | | |
| When is this behavior most likely to occur? | | |  | | |
| What could we do to avoid this behavior? | | |  | | |
|  | | |  | | |
| Describe Behavior #4: | | |  | | |
| How often does this behavior occur? | | |  | | |
| Where is this behavior most likely to occur? | | |  | | |
| With whom or to whom is this behavior most likely? | | |  | | |
| When is this behavior most likely to occur? | | |  | | |
| What could we do to avoid this behavior? | | |  | | |

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| Notes (leave blank): |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INTERESTS AND HOBBIES | How would you rate the person’s ability to appropriately occupy his/her free time? | | | | | | | | | |
|  | Dangerous | | | Very Poor | Poor | | | Good. No Concerns. | |
|  | | | | | | | | | |
| In the space below, please list the 5-8 things that the person most likes to do in his/her free time. | | | | | | | | | |
|  | 1. | |  | | |  | 5. | |  |
|  | 2. | |  | | |  | 6. | |  |
|  | 3. | |  | | |  | 7. | |  |
|  | 4. | |  | | |  | 8. | |  |
|  | | | | | | | | | |
| Please include any additional notes or comments about the person’s interests and hobbies in the space below. Do they have any specific themes, characters, or brands that they are particularly interested in? | | | | | | | | | |
|  | |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HOPES AND GOALS | Please describe the person’s hopes and dreams below: | | | |
|  | |  | |
|  | | | |
| Please describe your hopes and dreams for the person below: | | | |
|  | |  | |
|  | | | |
| It is very important that we understand the goals that you have for treatment efforts. Please list 5 year-long goals in the space below. | | | |
|  | | | |
|  | 1. | |  |
|  | 2. | |  |
|  | 3. | |  |
|  | 4. | |  |
|  | 5. | |  |

|  |
| --- |
| Notes (leave blank): |

Thank you for taking the time to complete this intake packet. Your insight is very important to us. Please call or e-mail us at (573) 605-1600 or at TrendlineDRB@gmail.com with any questions, comments, or concerns that you have about this intake or the CISE process. A CISE team member will contact you in a few days to review some of the information that you have provided.