



**EDUCATION/EMPLOYMENT INFORMATION**

1. Current/highest grade completed \_\_\_\_\_
2. Significant problems with reading, writing, spelling, math \_\_\_\_\_
3. Present employment \_\_\_\_\_  
Work responsibilities \_\_\_\_\_  
\_\_\_\_\_
4. If not currently employed, most recent employment \_\_\_\_\_  
Work responsibilities \_\_\_\_\_  
\_\_\_\_\_
5. Future education/employment goals \_\_\_\_\_  
\_\_\_\_\_

**OTHER PERTINENT INFORMATION**

1. Significant illnesses/medical conditions/injuries/surgeries Date(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Current medications/therapies.  
\_\_\_\_\_  
\_\_\_\_\_

3. Current Health: \_\_\_ Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent

4. Primary Physician: \_\_\_\_\_  
Office address: \_\_\_\_\_

5. Other difficulties (e.g. vision, hearing, walking, arm/hand control).  
\_\_\_\_\_  
\_\_\_\_\_

6. Please list others with whom you live and their relationship to you.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____