Appendix T: Work-Based Learning Student Information



DO-IT Work-Based Learning Student Information

Name:		Date:
Gender: Age	:	
Racial/Ethnic Identification (ch	eck all that apply):	
☐ White, non-Hispanic		
☐ Black, non-Hispanic		
☐ Hispanic		
☐ Asian or Pacific Islander		
☐ American Indian or Alaskan	Native	
Permanent Mailing Address:		
Email:	Phone:	□ day □ eve □ cell
School Attending:		nool □ 2-yr college □ 4-yr coll./univ
Current Grade or Year in Schoo	l: Exped	cted Graduation Year:
Describe academic area(s) of stu	ıdy you are pursuing	or interested in pursuing (e.g., major).
Describe career(s) you are inter-	ested in pursuing.	
List any paid or unpaid work e	xperience(s) vou have	e had.

En	nployment Status: \square employed, full-time \square employed, part-time \square not employed			
If €	employed, name company: Position:			
Yo	ur Disabilities: Age of Onset:			
Inc	dicate in which of the following areas you would like assistance.			
	Explore career interests.			
	Learn about legal rights regarding ADA and employment.			
	Locate college programs that support career goals.			
	Locate campus/school resources (e.g., Career Center, Disabled Student Services).			
	Locate community resources (e.g., SSI, Voc Rehab).			
	Develop application cover letter for job application.			
	Develop/update résumé.			
	Gain experience to enhance résumé.			
	Develop strategy for disclosure of disability.			
	Develop/practice accommodation strategies.			
	Assess ability to perform job functions and/or productivity level.			
	Develop independent living skills.			
	Develop interpersonal skills.			
	Develop communication skills.			
	Develop public speaking or presentation skills.			
	Expand experience with technology.			
	Expand use of adaptive technology.			
	Develop career networking contacts and/or referrals.			
	Prepare for job interviewing.			
	Make money.			
	Other			