

Orientation Location:		Client ID:	Date:
<b>General Information</b>			
(first name)		(last name)	
(home phone)	(cell phone)	(alt. phone)	
(alt. phone notes)			
(email address)		(county) <input type="checkbox"/> King <input type="checkbox"/> Snohomish <input type="checkbox"/> Other _____	

<b>Employment</b>		
<b>Goals:</b>		
<b>What are some of the potential obstacles and challenges that you may encounter in pursuing your career and/or educational goals? (check all that apply)</b>		
<input type="checkbox"/> Cost of rent <input type="checkbox"/> Cost of gasoline <input type="checkbox"/> Cost of public transportation <input type="checkbox"/> Cost of food <input type="checkbox"/> Cost of utility bills <input type="checkbox"/> Automobile expenses	<input type="checkbox"/> Appropriate clothing <input type="checkbox"/> Lack of hygiene products <input type="checkbox"/> Employment supports <input type="checkbox"/> Fees/fines <input type="checkbox"/> Limited/negative work experience <input type="checkbox"/> Stable housing (unhoused?)	<input type="checkbox"/> Lack of desire <input type="checkbox"/> Medical/dental/vision <input type="checkbox"/> Legal issues or criminal history <input type="checkbox"/> Drugs/alcohol issues <input type="checkbox"/> Other _____

<b>Education</b>		
<b>What is your highest level of education, so far:</b>		
<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Apprenticeship ( <input type="checkbox"/> incomplete)	<input type="checkbox"/> Some College <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-year Degree <input type="checkbox"/> Certificate <input type="checkbox"/> <1-yr <input type="checkbox"/> 1-yr <input type="checkbox"/> 2-yr+

<b>Work Activity Referral</b>	
<b>Which of the following activities shall we pursue? (check all that apply)</b>	
<input type="checkbox"/> BFET @ College <input type="checkbox"/> Cascadia <input type="checkbox"/> Other _____ <input type="checkbox"/> BFET employment training <input type="checkbox"/> ORIA _____ <input type="checkbox"/> CBO _____ <input type="checkbox"/> CLEVER	<input type="checkbox"/> Americorps <input type="checkbox"/> Workfare <input type="checkbox"/> Division of Vocational Rehabilitation <input type="checkbox"/> Worksource - WIOA <input type="checkbox"/> LEP Pathway <input type="checkbox"/> Other _____

**General Notes**

**Employment Notes and Referrals**

**Education Notes**

**Work Activity Referrals Notes**