

POST-SECONDARY TRAINING JUSTIFICATION FORM

Student Name:				Date:	
Disabilities:				Age:	
Impediment to Employment:					
Employment Goal:					
School Student Plans to Attend:			Major/ Program of Study:		
Type of Degree Sought: <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doctorate					
College Entrance/Placement Scores					
ASSET (Forms B2 or C2) Date completed: <input type="checkbox"/> Scaled Scores <input type="checkbox"/> Raw Scores			COMPASS Date completed: <input type="checkbox"/> Scaled Scores <input type="checkbox"/> Raw Scores		
<i>SubTest</i>	<i>Achieved</i>	<i>School Placement Cut-Off Scores</i>	<i>SubTest</i>	<i>Achieved</i>	<i>School Placement Cut-Off Scores</i>
Writing			Writing		
Reading			Reading		
Math			Math		
Advanced Math			Advance Math		
ACT (Top 2 ACT administrations if appropriate)					
Date:	English Score	Math Score	Reading Score	Science Score	Composite Score
Date:	English Score	Math Score	Reading Score	Science Score	Composite Score
Other Tests and Scores					
I.Q.: VIQ _____		PIQ _____		FSIQ _____	
CareerScope Standard / Percentile Scores					
General Learning		Verbal Aptitude		Numerical Aptitude	
Spatial Aptitude		Form Perception		Clerical Perception	
Test Name _____			Grade Levels/Standard Scores		
Reading		Math		Writing	
Test Name _____			Grade Levels/Standard Scores		
Transcripts					
High School			Graduation Date:		
GPA _____		Rank in Class _____		Attendance _____	
Post Secondary <input type="checkbox"/> Proprietary <input type="checkbox"/> Community College <input type="checkbox"/> 4 Yr. College					
Hrs. Attempted _____		Hrs. Completed _____		Cumulative GPA _____	

ADDITIONAL CONSIDERATIONS:

Accommodations: What academic and/or disability accommodations will this individual require to be successful in post secondary training?

Will the individual need to be referred to the campus disability support program? Y N
 If so, has the client agreed to use the disability support program? Y N
 Can the individual self-advocate? Y N
 Is the individual's disability stable so they can successfully complete a program? Y N

Family Obligations: Will the individual be able to successfully complete their program of study given their family obligations (child care, spouse, parent, etc.)? Y N

Finances: Will the individual be able to meet the post secondary costs not covered by VR as well as their general living expenses? Y N
 Has the VR specialist discussed a budget with the client? Y N

Transportation: Is reliable transportation available during the entire program? Y N

Criminal Background/Drug Screen:

Does the individual have anything in their criminal background inhibiting this person to be successful in training or employment? Y N
 Can the individual pass a background check if necessary for this field? Y N

Employability: Does this individual has the skills, abilities, characteristics, etc to be *competitively* employed in this area? Y N

Employment Outlook: Will there be employment opportunities available for this goal/degree upon completion of the program? Y N

Work History:**Extracurricular Activities:**

Informational Interview: Did the client complete an informational interview? Y N

If yes, where: _____

Job Shadowing: Did the client complete a job shadow? _____ Y N

If yes, where: _____

Staff Member Completing this Document: _____