

# Vocational Evaluation Adult Referral

**Items preferred prior to assessment:**

- Part 1 of Discovery Booklet completed
- Medical/Psychological/School records for review

**Client Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Phone number/email or best way to contact:** \_\_\_\_\_

**Authorized Representative:** \_\_\_\_\_

**Authorized Representative contact information:**

\_\_\_\_\_  
\_\_\_\_\_

**Primary Impairment:** \_\_\_\_\_

**Additional Impairments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodations Needed:**

- \_\_\_ Optimum time of day \_\_\_\_\_
- \_\_\_ Directions and content read to client \_\_\_\_\_
- \_\_\_ Interpreter or Translation Services \_\_\_\_\_
- \_\_\_ Technology access and usage \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**Referring Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by Evaluator:**

Client Scheduled \_\_\_\_\_