

**Employability Assistance for People with Disabilities
Participant Information/Assessment Form**

Participant:	Vocational Counsellor:	Date of initial interview:	Office:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Assessment Information	Impact for Vocational Planning
1. Medical and Mental Health:	
2. Education and Training	
3. Employment and Work Experience:	
4. Psychological: (when required)	
5. Social, Legal, Housing, and Family:	
6. Income and Financial:	
7. Accessibility, Work Accommodations and Supports:	

Summary Comments/Recommendations:

Vocational Counsellor

Date