



**Referring Party's Information**

Referred by (full name): \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to youth participant: \_\_\_\_\_

**Participant Information (to be completed by the referring party)**

Name:	Date of Birth:
Disability/ Mental Health Description(s):	
Gender: Pronoun: (EG he, she, they)	SIN:
Home Address:	Postal Code:
Email:	Phone:
School:	Current Grade:
Teacher:	Email:
Can participant successfully use public transportation on their own?    Yes    No	
How will the participant get to the program most of the time? _____	
Primary Parent/Guardian Contact:	Relation to Participant:
Email:	Phone:
What language is spoken at home:    English    French    Other: _____	
Are the youth's parents/guardians willing to support real work for real pay?    Yes    No	
Emergency Contact (if different than above):	Daytime Phone:
Other professionals or programs the youth is involved with:	

**Program Participation & Expectations (to be completed by or with the youth)**

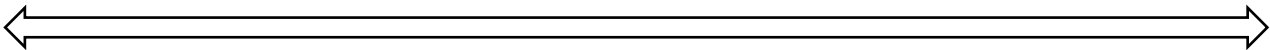
Previous Work/Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current areas of interest: \_\_\_\_\_  
\_\_\_\_\_

Reason(s) why I want to join TeenWork: \_\_\_\_\_  
\_\_\_\_\_

**The answers to the following questions will NOT negatively affect your admission to the program. They WILL be used to help us support you more effectively.**

1. Are you motivated to learn and work? Yes:  No:
2. Do you demonstrate safety in the community for self and others? (eg. traffic safety, interacting with strangers appropriately, etc.) Yes:  No:
3. Are you independent in personal care? Yes:  No:
4. Is finding work a priority (i.e. over social activities, family vacation, etc.)? Yes:  No:
5. Are you able to work and participate cooperatively in a group setting? Yes:  No:
6. Are you able to follow simple directions and instructions? Yes:  No:
7. Are you able to complete class work as required (with support if needed)? Yes:  No:
8. How would you describe your current language abilities? *(Please mark an X on the spectrum below that best describes your skill-level)*



- Able to understand instructions with multiple steps  
- Able to speak clearly  
- Writes independently

- Significant difficulty understanding simple instructions with few steps  
- Non-verbal or significant difficulty speaking clearly  
- Needs support to write

**For Office Use Only**

Date received: \_\_\_\_\_

Date first contacted for Expression of Interest: \_\_\_\_\_

How first contacted: \_\_\_\_\_

Who first contacted (TeenWork staff): \_\_\_\_\_

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