

# Employment Opportunities

Date form completed:	Revised:	Initials:
By whom:	Revised:	Initials:

*Fill in the items below and print out this form for your notebook.*

<b>Current place of employment:</b>	
Contact person:	Phone:
Address:	Hours/Days worked:

<b>Previous employment:</b>

<b>Employment goals:</b>
<i>What are your child's abilities and skill levels? What other types of work would your child like to do?</i>

<b>Places to apply:</b>		
<b>Business/Location</b>	<b>Contact person</b>	<b>Phone</b>

<b>Vocational Rehabilitation:</b>		
<b>Business/Location</b>	<b>Contact person</b>	<b>Phone</b>

<b>Other important information:</b>