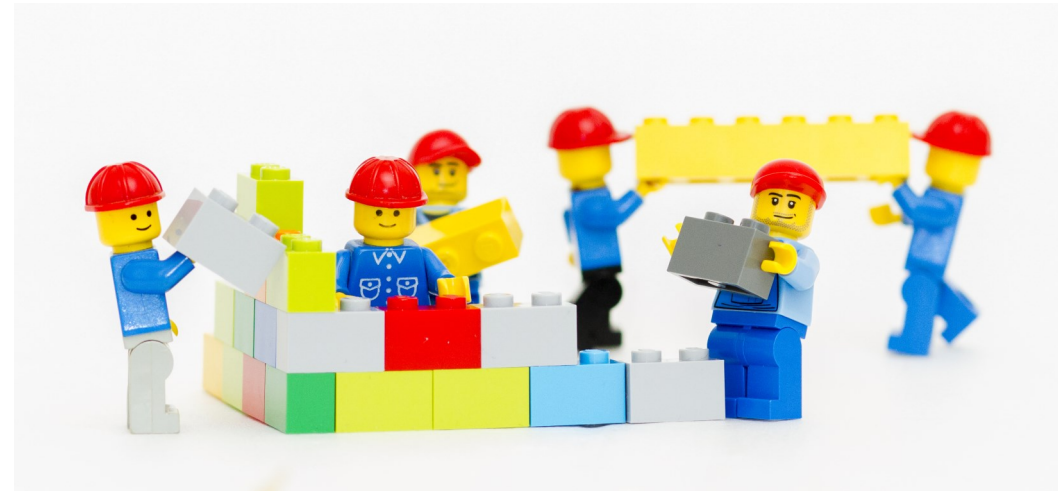


Employment Support Information



Name



DATE COMPLETED:
Support I need in the workplace:
How I function in social situations:
Strategies that help me:
How I prefer to learn new things:
Worries I might have:

My skills and knowledge:
My interests and hobbies:
My hopes and ambitions for the future:
My preferences for the working environment i.e. inside, outside:
Any medical information you may need to know: