

Enhanced Screening and Assessment (ESA)

Documentation Sheet

Personal Information:

SIN #: _____
First Name: _____
Last Name: _____
D.O.B.: _____

Address Information:

Mailing/Residential Address: _____

Telephone: _____

Educational History

(High School)
Level Attained: _____
Year Completed: _____
Modified Program (Y/N): _____

(Post Secondary)
Type: _____
Year Completed: _____

Post Secondary

Institution: _____
Campus: _____
Course: _____
Start Date: _____ End Date: _____

Course Status: Complete: _____ Incomplete: _____
In Progress: _____

Field of Study: _____

Work History

Include: Business Name, Business Address, Job Title, Work Type, Start and End Date of Employment and Reason for Leaving:

Skills

Skill Description: _____

ESA Action

Dimension:
____ Career Decision Making ____ Skills Enhancement ____ Personal/Social
____ Job Search

Clients Employment Goal:

Client Challenges / Identified Needs:

Summary / Comments:

Client Signature

Date