

Best Foot Forward

Job Sampling Initiative for Students with Special Needs

STUDENT QUESTIONNAIRE

To try to ensure that best placement possible for each student, please complete the following information for each student (one student per form):

School: _____

School address: _____

City: _____ State: _____ Zip: : _____

Contact person/title: _____

Phone: _____ Email: _____

First name of student: _____ Gender: Male Female Age: _____

PREFERRED ATMOSPHERE OF PLACEMENT:

- Small, quiet office
 - Large office with significant interpersonal interaction
 - Retail
 - Production/assembly
 - Outdoors
 - Other Please specify: _____
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TYPE OF JOB RESPONSIBILITIES PREFERRED:

- Cleaning
 - Computer input
 - Copying
 - Filing
 - Inventory
 - Packing/shipping preparation
 - Product assembly
 - Shredding
 - Stocking
 - Other Please specify: _____
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LOGISTICAL REQUIREMENTS:

Number of days per week preferred _____

Any preference of days _____

Number of hours per day preferred _____

Any preference for time of day _____

To help us find an appropriate and rewarding placement for the student, please tell us about the student, including his/her talents, interests and special needs:

Optional: Use this space to include a statement from the student about his/her interests, talents or wishes, or anything else that may be relevant to a potential employer:

Please note that all placements are unpaid internships. Upon request, the school will need to provide the business with an insurance rider.