

Intake Time and Date: \_\_\_\_\_

Time Preferred for class: \_\_\_\_\_



# Positive Vibe Café Training Program Applicant Information

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ or Date graduated: \_\_\_\_\_

**School IEP Case Manager:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**DRS or CSB Case Manager/Counselor:** \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Most recent IEP/evaluation date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's Disability: \_\_\_\_\_

Medication/ Allergies: \_\_\_\_\_

### Applicant Info:

_____ Lift 5-10 lbs?	_____ Read/write English?
_____ Work in group setting?	_____ Participate in a hands-on classroom for 2 hours?
_____ Have transportation?	_____ Who is providing transportation? _____
_____ Need adaptations?	_____

Education: \_\_\_\_\_ School: \_\_\_\_\_ Dates: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Volunteer/Training experience: \_\_\_\_\_

Schedule Conflicts: \_\_\_\_\_

Emotional issues/history: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**Additional Information:**

Does the student have any communication/technology needs? \_\_\_\_\_

If so, what? \_\_\_\_\_

Does the student have any disruptive personal or classroom behavior(s)? \_\_\_\_\_

If so, what? \_\_\_\_\_

Is the student blind, or have a visual impairment?      **YES**      **NO**

Is the student deaf, or have an auditory impairment?      **YES**      **NO**

What are the student's employment or education goals? \_\_\_\_\_

Accommodations that work \_\_\_\_\_

**Notes:** \_\_\_\_\_

**How did you hear about PVC Training?** \_\_\_\_\_

Return application to:  
2825 Hathaway Road  
Richmond, VA 23225  
Fax: (804) 560-9623  
Phone: (804) 921-1629 Training  
(804) 560-9622 Cafe  
Email: [pvctrain@aol.com](mailto:pvctrain@aol.com)