

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