

Client Recommendation Worksheet

Client Name:

Selection Meeting Date:

Occupation Chosen:

NOC Code:

Contact Information

Phone Number:

Email Address:

Action Plan

Please rank the client based on the following two areas:

Goals	1	2	3	4	5	6	7	8	9	10
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When evaluating the Action Plan, ask these essential questions: Are the goals specific, measurable, realistic? Is there a timeframe in place? Do they follow a logical order?

Notes:

Barriers	1	2	3	4	5	6	7	8	9	10
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When evaluating the barriers, ask: Is the client aware of the barriers hindering them from being successful in the workforce/intervention? Does the client have a solid Plan B in the event we cannot assist with their barriers?

Notes:

Labour Market Attachment

When evaluating the Labour Market Attachment, use the client's Labour Market Research, www.saskjobfutures.ca and www.jobfutures.ca as guides. Also, bear in mind the wages of the occupation as it relates to the client's Action Plan and if the client has a letter of hire upon completion.

LMA	1	2	3	4	5	6	7	8	9	10
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Notes:

Occupational Skills and Experience

When evaluating the Occupational Skills & Experience, look at the client's past training and work experience. Those clients with less training & experience will rank higher than those with previous training & experience. Your notes should highlight any extenuating circumstances such as doctor recommended retraining, incomplete training, employer recommended training, etc.

OS&E		1	2	3	4	5	6	7		
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Notes:

Career Awareness

When evaluating a client's career awareness based on the chosen occupation in their Action Plan, the client should be able to answer the question: What does someone in this career do in a typical day? Also consider a client's experience within the field either as a volunteer or through a school-based work program.

CA		1	2	3	4	5	6	7		
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Notes:

Essential Skills

When evaluating a client's Essential Skills, determine the client's ability to demonstrate the following Essential Skills so they may be successful in the intervention they are seeking: Time Management, Communication Skills, Document Use.

ES		1	2	3	4	5	6			
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Notes:

Health Concerns

Has the client identified any personal health concerns or health concerns within his/her family that may interfere with the client's successful completion of the intervention?

Notes:

Disabilities

Has the client declared a disability? If yes, has the client identified any required supports to complete the intervention?

Notes:

Total Score

Add the total score and multiply by two to get a score out of 100. This score will go on the Funding Request Summary along with pertinent comments about the client's ability to succeed in the intervention.

Total Score/100: _____. Counsellor Comments:

Low

Medium

High