

JobLinks



Employment Centre

416-8 Street South Lethbridge, AB T1J 2J7

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#2011 _____

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To Be Completed By Your DOCTOR or MENTAL HEALTH THERAPIST.

JobLinks Employment Service matches people with a medical condition and/or disability with meaningful employment opportunities in our community. We ask for your assistance in achieving this goal by taking a few minutes to answer the following:

Name of Individual: _____

How long have you known this individual? _____

What is the individual's disability/medical concern? _____

Is the individual able to work at this time? **YES** **NO** (please circle)

If no, please indicate your best estimate of how long this individual may need before starting employment (i.e. weeks, a month or longer)

Check the amount of work this individual is best suited for: Please check all that apply and comment.

- _____
- _____
- _____
- Part-time Employment:** can work **3-14 hours** in competitive employment with minimal support
 - Part-time Employment:** can work **15-30 hours** in competitive employment with minimal support
 - Full-time Employment:** can work **30 or more hours** per week with minimal support

Do you know of any restrictions in mobility the individual has or accommodations they may require to be successful in a work environment? (i.e. cannot work shift work or lifting restrictions) _____

Additional Comments: _____

Your signature: _____ Date: _____

Name: _____

Please print

Date Individual Last Seen: _____

We thank you for your time and assistance in helping us best serve this individual.