

**CAREER EXPLORATION/PLAN DEVELOPMENT CLIENT FEEDBACK FORM**

Name of participant: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Name of Facilitator(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Mark all that apply:

Days Attended:  One  Two  Three  Four  Five

Overall Participation Level:  Limited  Average  Significant

Optional Comments regarding participation:

STRENGTHS/BARRIERS OBSERVED BY FACILITATORS

QUESTIONS/BARRIERS RE: PARTICIPANT TO BE DISCUSSED WITH VRC/OTHER AGENCY PERSONNEL

POSSIBLE SOLUTIONS FROM VRC/OTHER PROVIDER AGENCY PERSONNEL AND PARTICIPANT

NEXT STEPS:

**RECOMMENDED FOLLOW-UP ACTIVITIES:**

**(Check all that apply)**

- More Self-Exploration**
- More Occupational Exploration**
- Informational Interviewing**
- Job- Shadowing**
- Self-Esteem**
- Medical/Psychological**
- Computer Literacy Skills**
- Child Care**
- Transportation**
- Volunteer Experiences**
- Training**