



Vocational Assessment Referral Form

Referral Guidelines

1. To refer a potential client, please complete this form with information that is required and return it. Please include a copy of any supporting documents deemed necessary. (resume, psychological assessment, school transcript, etc.) Please ensure all applicable contact fields are filled for purposes of contacting clients and scheduling assessments.
2. Rural Pro 3000's will not include Simulated Assembly and the Physical Eye-Hand-Foot Coordination Work Samples. If the client's vocational goals require these areas to be measured, an in-house Pro 3000 would be highly recommended.

Client Information

Referral Agent: _____

Referral Contact: _____

Client Name: _____

Mailing Address: _____

City & Postal Code: _____

Telephone/Cell: _____

Email : _____

D.O.B : _____

Please include School information if Client is still attending

School: _____

Resource Teacher: _____

School Address: _____

School Telephone: _____

School Email: _____

SIN: _____

Additional information (Required)

Examples (Add Time, Adaptive Materials, Formal Supports, Medications Needed)

Diagnosis: _____

Additional Supports _____

Required: _____



(Education/Employment/Both)

Education: _____

Purpose of Assessment: _____

Additional Client Information

Please Select The Type of Assessment You Are Requesting

If Requesting Modified Pro 3000 or Workplace Assessment Fill Out Next Page

Full Pro 3000

☐

2 Days

(Max of 10 Hours)

Rural Pro 3000

☐

2 Days

(Max of 10 Hours)

**Academic
Assessment**

☐

1/2 Days

3 Hours

Modified Pro 3000

☐

1 Day

(Max of 5 Hours)

Modified Rural

☐

1 Day

(Max of 5 Hours)

Reading Level Indicator Blue

Compass

CAAT Select-A-Level

WRAT 4 Blue

**Workplace
Assessment**

☐

(Time Varies)

**Interest Based
Assessment**

☐

1/2 Days

HALL Occupational Orientation Inventory

Pro 3000 Interest Survey

Reading Free Interest

Modified Assessments

Please Check Off Which Assessment Pieces You Would Like to Include

M - Vocational Profile Review ☐

M - Pro 3000 Compass * ☐
Included: H - Align/ Drive
H - Machine Tending
H - Wiring

M - Mandatory
H - Hands on
I - Interest Based
A - Academic
*** - Not Available**
For Rural

H - Money Handling ☐

H - Upper Extremity Range of Motion ☐

H - Numerical Sorting ☐

H - Bookkeeping ☐

H - Independent Problem Solving ☐

H - Simulated Assembly * ☐

H - Mail Sorting ☐

I - Pro 3000 Interest ☐

H - Whole Body Range of Motion ☐

I - Reading Free Interest ☐

H - Alpha/Filing ☐

I -HALL Occupational Orientation Inventory ☐

H - Eye-Hand-Foot Coordination ☐

A - Reading Level Indicator Blue ☐

H - Multi-Level Sorting ☐

A - CAAT Select-A-Level ☐

H - Telephone Answering ☐

A - WRAT 4 Blue ☐

H - Eye-Hand-Foot Coordination
(Physical Sample) * ☐

Internal Use Only

Received _____

Date _____

Confirmation Letter _____

Date _____

Follow Up _____

Date _____



Please Send This Form to our Program Coordinator Tracy Martin

Email: office@cciwestman.ca

Fax: 204-725-0105

Mail: 710 3rd Street Brandon, MB R7A 3C8