

# MICHIGAN REHABILITATION SERVICES

## ~Student Checklist~

### Are our services right for you?

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|--|-----|----|
| 1. Do you have a disability?   | YES | NO |
| 2. Are you able to talk about your disability, limitations and strengths?  | YES | NO |
| 3. Do you want to work?  | YES | NO |
| 4. Are you available to work?  | YES | NO |
| 5. Does your disability make it more difficult for you to get a job?   | YES | NO |
| 6. Do you need help identifying a realistic job goal?  | YES | NO |
| 7. Do you need help to better understand your disability and limitations?  | YES | NO |
| 8. Do you need help finding a job?   | YES | NO |
| 9. Do you need help learning a job?  | YES | NO |
| 10. Do you need help explaining your skills and disability to an employer?   | YES | NO |
| 11. Do you have a Michigan I.D. card and Social Security card?   | YES | NO |
| 12. Are you prepared to be an active partner with your MRS counselor, working together to help you find a job?                         | YES | NO |
| 13. If you are interested in going on to further schooling/training, are you focusing your time on English, Math, and Science classes? | YES | NO |
| 14. Do you want help with any of the following issues (housing, childcare, medical insurance, other-please specify)?                   | YES | NO |
| 15. Can you pass a drug test?  | YES | NO |