



<b>Person's Name (First MI Last):</b>	<b>Record #:</b>
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**Organization Name:**

**Education Addendum**

Major/Degree(s)	Year Completed
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**Vocational Training:**  None Reported

Vocational License(s)/Certification(s)	Year Completed
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**Educational Interests/Skills:**  
 Is person served satisfied with his/her current educational situation?  No  Yes  
 Person's status in school is in good standing  No  Yes  NA  
 Does the Person want to pursue additional education?  No  Yes  Uncertain  
 Comments:

**History of Learning Difficulties:**  None Reported  
 Performance / Behavioral Problems related to:  Mental Health (MH)  Substance Use (SU)  
 Learning Disability:  Past  Current Type(s): \_\_\_\_\_  
 Developmental Disability (DD):  Mild  Moderate  Severe  Profound  
 Other/Comments (include sources of information):

**Barriers to Learning:**  None Reported  Attention Difficulties  Cognitive Difficulties  English is Second Language  
 Hearing Impaired  Reading Difficulties  Writing Difficulties  Visually Impaired  
 Other/Comments:

<b>Provider - Print Name/Credential:</b>	<b>Date:</b>	<b>Supervisor - Print Name/Credential (if needed):</b>	<b>Date:</b>
<b>Provider Signature:</b>	<b>Date:</b>	<b>Supervisor Signature (if needed):</b>	<b>Date:</b>
<b>Person's Signature</b> (Optional, if clinically appropriate):	<b>Date:</b>	<b>Parent/Guardian Signature</b> (If appropriate):	<b>Date:</b>