



# Goodwill Industries of RI

## Adult Education

### Assessment & Referral Program Process

If the instructor has identified a student who is struggling and they suspect something else is going on they should:

1. Ask the student if would be “ok” if they make a referral to Goodwill who will assist the student in learning some strategies/adaptations that can help them in their educational process.
2. Ask the student to sign a “Authorization for Use & Disclosure of Protected Health Information Form” and complete a “Referral for Support” (both documents are attached).
3. Please identify three dates and times that would work for the student to complete the assessments; this should be done during regular class time to assure attendance. The assessment will be completed at the agency the student attends. The student can also provide additional times if they do not want to complete the assessment during class hours.
4. Email/fax the Referral for Support and Release of Confidential information to either:  
Christine Yankee ~ (401) 861-2080 X219 ~ [cyankee@goodwillri.org](mailto:cyankee@goodwillri.org) ~ (401)454-0889  
Ruth Jennings ~ (401) 861-2080 X103 ~ [rjennings@goodwillri.org](mailto:rjennings@goodwillri.org) ~ (401)454-0889
5. Goodwill will schedule the meeting and let the student and referring instructor know when the appointment will be. A side room or semi-private space will be required to complete the assessments.
6. Goodwill will complete the assessments – it takes approximately 1.25 hours. At the conclusion of the assessment, Goodwill will schedule the report review meeting within a two-week time frame.
7. Goodwill will complete a report and share the information with the student at the scheduled meeting time. During this meeting, the student will select and learn how to use adaptation/strategies and develop a SMARTER Plan. It is very important at this point to empower the student by asking if we can share the SMARTER Plan with the referring instructor. At this point, Goodwill will schedule one more appointment with the student, if applicable, in one month.



# Goodwill Industries of RI

## Request for Support

Instructor's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Email address: \_\_\_\_\_

Student's Concern:

Instructor's Concern:

Available Dates & Times

1) Date: \_\_\_\_\_

Time: \_\_\_\_\_

2) Date: \_\_\_\_\_

Time: \_\_\_\_\_

3) Date: \_\_\_\_\_

Time: \_\_\_\_\_

Email/fax the Referral for Support and Authorization for Use & Disclosure of Protected Health Information Form to either:

- Christine Yankee ~ (401) 861-2080 X219 ~ [cyankee@goodwillri.org](mailto:cyankee@goodwillri.org) ~ (401)454-0889
- Ruth Jennings ~ (401) 861-2080 X103 ~ [rjennings@goodwillri.org](mailto:rjennings@goodwillri.org) ~ (401)454-0889