Vocational Profile

DEMOGRAPHICS:

Name:  Participant’s first and last name  County of Residence:  County in which participant lives

INTERESTS/TALENTS/HOBBIES

List all of the participant’s preferred activities, gifts, and curiosities that they would like to explore, as well as, those in which they are currently doing and would like to continue to do.

DESIRED VOCATIONAL OUTCOME:

State the participant’s preferred job situation including full or part time, position, area of interest or employment, location, and period of time they would like to see this accomplished.

I. PRIOR OVR ACTIVITIES

Select all employment activities that have been provided by the Office of Vocational Rehabilitation (OVR) in the past to the present. Also include the approximate date completed as well as the outcome of each activity.

☐ ASSESSMENT

☐ JOB FINDING

☐ ON- JOB SUPPORT

☐ EDUCATIONAL SUPPORT

☐ OTHER

II. HISTORICAL EMPLOYMENT & EDUCATIONAL EXPERIENCE:

Include specifics regarding to the Participant’s experience in Vocational and Employment settings.

A. EDUCATIONAL HISTORY

List highest to lowest level of education:

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>DATE</th>
<th>DEGREE OR ACCOMPLISHMENT</th>
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</thead>
<tbody>
<tr>
<td>School name, Address</td>
<td>Start date-Completion date</td>
<td>Specify Degree, Certificate, or other received</td>
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</table>

Completed by (include contact information):  Name of the Assessor, Position, Email and Phone
B. VOCATIONAL CLASSES, INTERNSHIPS, SPECIAL TRAININGS

<table>
<thead>
<tr>
<th>IDENTIFY CLASS, INTERNSHIP, OR TRAINING</th>
<th>DATE</th>
<th>SPECIAL SKILLS DEVELOPED</th>
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<tbody>
<tr>
<td>Specify Class(es), Internship, or additional Specialized trainings completed, Location</td>
<td>Start date – Completion date</td>
<td>Provide Specifics to the skills and expertise learned/ trained in</td>
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C. WORK HISTORY

<table>
<thead>
<tr>
<th>BUSINESS</th>
<th>DATES</th>
<th>JOB TITLE</th>
<th>PAY</th>
<th>REASON FOR LEAVING</th>
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</thead>
<tbody>
<tr>
<td>Specify Place of Work, Location</td>
<td>Start date-Completion date</td>
<td>Job Title when Employed</td>
<td>Detail Pay</td>
<td>Specify</td>
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</table>

III. INDIRECT DATA COLLECTION METHODS

Select all of the indirect methods completed during the assessment process. Be sure to document results, as well as, who responded for each, as applicable.

- Interviews: List Tools Used: List the tool(s) used Respondent(s) List the respondent(s)
- Inventories: List Tools Used: List the tool(s) used Respondent(s) List the respondent(s)
- Standardized Assessments: List Tools Used: List the tool(s) used Respondent(s) List the respondent(s)
- Vocational Ratings: List Tools Used: List the tool(s) used Respondent(s) List the respondent(s)
- Record Review: Document(s) List the respondent(s)
- Other: Describe List any additional indirect data collection methods that were utilized but not listed above.

IV. DIRECT DATA COLLECTION METHODS

Check all that apply

Ideally, three or more job tryouts should be included in the vocational assessment in an effort to provide a robust offering of experiences.

- Situational Vocational Assessment: Location detail place and location of the job tryout.

Brief synthesis: identify the location and amount of time of job tryout, as well as, detail the general observations, tasks completed, data on performance, social and communication strengths and needs, and participant preference.
Situational Vocational Assessment: Location detail place and location of the job tryout.

Brief synthesis: Identify the location and amount of time of job tryout, as well as, detail the general observations, tasks completed, data on performance, social and communication strengths and needs, and participant preference.

Situational Vocational Assessment: Location detail place and location of the job tryout.

Brief synthesis: Identify the location and amount of time of job tryout, as well as, detail the general observations, tasks completed, data on performance, social and communication strengths and needs, and participant preference.

Informational Interviews: Location Detail place and location of the Informational Interview

Brief synthesis: Identify the person interviewed and their position. Additionally, Provide specifics of the conversation and next steps taken as a result for either the employer, participant, or both

V. ASSESSMENT RESULTS:
As a result of the indirect and direct data collection, please address each of the important work related preferences, abilities, needs, and consideration below. Be as detailed, as possible.

A. WORK PREFERENCES
Describe

DESIRED HOURS AND WAGES
For example: Full or part time, days of the week, times of day/ Wages

PREFERRED & NON-PREFERRED WORK ENVIRONMENT
For example: place/ setting the participant would like to work/ would like to avoid working in

B. WORK SKILLS DESCRIBE STRENGTHS AND NEEDS

ENDURANCE & WORK PACE
Explain how long the participant is able to work without stopping. Additionally, if needed to do a task for a longer period of time, confirm if breaks are needed (if so, for how long and how often).

MOBILITY & ORIENTATION
Identify if the participant has any issues in regards to safe and effective travel through their workplace environment. If so, state their needs. If not, confirm this.

Completed by (include contact information): Name of the Assessor, Position, Email and Phone
LIFTING & CARRYING ABILITY
Identify if the participant has any issues in regards to safe and effective lifting and carrying abilities. If so, state their needs. If not, confirm this.

SOCIAL
Detail the participant’s strengths and needs related to social skills in their work environment.

COMMUNICATION
Detail the participant’s strengths and needs related to communication skills in their work environment.

OTHER
List any other strengths and needs related to work skills that may not be listed above.

C. BENEFITS & PERSONAL RESOURCES DESCRIBE

INCOME, IF APPLICABLE
List the participants type/ source of income

OTHER
List any other personal resources that the participant may receive other than income (e.g., SSI, SSDI, etc).

D. MEDICAL CONSIDERATIONS Describe

EXISTING CONDITIONS
List any medical issues that the participant may have including conditions such as visual needs (e.g., wears glasses)

MEDICATIONS
List any medications that the participant is on

E. LEARNING Describe

PROCESSING & MEMORY
List any cognitive processing or memory issues that the participant has and describe how this can affect their work practices. Also include tips that could assist them with these issues that have been proven to be beneficial.
PROBLEM SOLVING
Detail how the participant problem solves and their abilities to do this. This should include their abilities in seeking additional clarification when needed, communicating their needs and questions, and trouble-shooting issues independently.

DECISION MAKING
Detail how the participant is at making decisions and the support that is needed for them to do this safely, effectively, and as independently as possible.

TIME MANAGEMENT
Detail the participant’s ability to maintain their time and schedule independently. If assistance is needed, document what has been proven to be effective in the past and any other additional supports that can be beneficial.

LEARNING STYLE AND NEEDS
Detail the participant’s specific learning style and items/strategies necessary for them to learn and complete their tasks, as expected (i.e., do they learn by watching first and then doing it? Can they be handed a list of items and complete independently? Etc.)

F. BARRIERS/CONCERNS Describe

BEHAVIORAL
List any behaviors that can be or can lead to being a concern or barrier for the participant to obtain or maintain employment.

OTHER
List any other barriers or concerns that are not behavioral related.

G. CULTURAL CONSIDERATIONS DESCRIBE
List any pertinent information in regards to the participant’s culture or spiritual values.

H. NEIGHBORHOOD MAPPING
For each item, list both potential prospects and things that are not preferred within the participant’s immediate community.

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<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THINGS TO AVOID</th>
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<td>TRANSPORTATION</td>
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<td>NATURAL SUPPORTS</td>
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<td>ACTIVITIES</td>
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<td>CIVIL ENGAGEMENT</td>
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<td>GENERAL COMMERCIAL AREAS</td>
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Completed by (include contact information): Name of the Assessor, Position, Email and Phone
VI. **RECOMMENDATIONS:** LINKED TO MEET DESIRED VOCATIONAL OUTCOME

*Given the information gained through the assessment, please indicate specifics related to optimal situations for the participant to succeed in a preferred work situation as aligned with the participant’s desired vocational outcome.*

1. **SUPPORTS & SERVICES NEEDED TO PREPARE FOR SHIFT**

2. **SUPPORTS & SERVICES NEEDED ON JOB SITE**

3. **IDEAL WORK CONDITIONS**

4. **VOCATIONAL THEMES & IDEAL JOBS:**

*Based upon the participant’s desired job situations, as a result of the assessment process, list additional, related jobs that can be explored.*

<table>
<thead>
<tr>
<th>THEME 1: Potential 1</th>
<th>THEME 2: Potential 2</th>
<th>THEME 3: Potential 3</th>
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<td>1. Ideas that fall under the “potential 1” topic</td>
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5. **EMPLOYER & NATURAL SUPPORTS TO PROMOTE FADING/INDEPENDENCE**

*Choose and detail which supports will be needed to ensure that potential employers, colleagues and other natural supports will be able to assist the participant to maintain employment without paid supports.*
☐ Initial training for employer and colleagues

What training would need to be completed? And what would be the best, recommended ways to accomplish this?

☐ Permanent Prompts

If permanent prompts would be considered useful, list what kind would be beneficial and how they are to be used/utilized [attach samples, if appropriate].

☐ Assistive technology

If assistive technology has been identified as a need for the participant, document what is needed, why, and the goal for obtaining this.

☐ Individualized resources developed

If individualized resources have been developed for the participant or identified as a need to be developed, list these along with how they are to be used and/or implemented [attach samples, if appropriate].

☐ Other

Please maintain a hard copy of the current Vocational Profile in the participant’s file(s). The following individuals have reviewed the Vocational Profile.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Role</th>
<th>Date</th>
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<tbody>
<tr>
<td>First and last Name printed</td>
<td>Signature of full name</td>
<td>Role in job assessment process</td>
<td>Date Vocational Profile was reviewed</td>
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</table>

Completed by (include contact information): Name of the Assessor, Position, Email and Phone