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|  |  DIVISION OF VOCATIONAL REHABILITATION (DVR) **Vocational Assessment Worksheet** |
| 1. What kind of job and work setting are you hoping to find?

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| 1. Would you like to invite others to attend your DVR meetings and/or have them assist you with this form (e.g., friend, family member, advocate, legal guardian, teacher or other VR counselor from another program)?

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| 1. If you receive Social Security benefits, are you interested in learning more about them and how they may be impacted by going to work?

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| 1. When you go to work, how much money will you need in your monthly budget to support yourself and/or your family?

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| 1. Describe the labor market information that indicates this employment goal is **in-demand** in your local area:

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| If it is not **in-demand**, what have you considered that could increase your chances of employment in this field (e.g., targeted work experience, internship, on-the-job training, relocation)? |
| 1. What jobs have you considered in potentially high demand industries (e.g., such as computer science, healthcare, science, technology, engineering and math)?

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| 1. What industry-specific requirements are there for your employment goal (e.g., special certification, licensing requirements, drug testing, specialized experience, etc.)?

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| 1. Does your employment goal require a background check as a condition of employment? [ ]  Yes [ ]  No

If **yes**, DVR requires that a background check be completed that verifies you will not be excluded from the specific job. |
| 1. Please describe the assessments that support your employment goal (e.g., career tests, volunteer or school-based work experiences, career development class, etc.)?

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| 1. Describe your education / training history, including licenses and certificates:

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| 1. Do you have any specific cultural values, practices and/or preferred language needs that you would like to share with DVR prior to job search and placement?

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| 1. Describe your previous successes and challenges obtaining and maintaining a job (e.g., work history, gaps in employment, transferrable skills, volunteer experiences, etc.)?

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| 1. Describe your individual strengths that make this employment goal appropriate:

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| 1. Describe your personal resources that might support your employment plan (e.g., family and social supports, transportation, etc.):

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| 1. Describe your disability-related barriers to employment (e.g., mobility concerns, problems standing for long periods of time, communication barriers, getting along with others, memory, difficulty learning new information / tasks):

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| 1. Describe how you are currently managing our disability-related barriers (e.g., counseling, physical therapy, skills training, support group):

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| 1. Describe any additional barriers to employment that are not disability-related (e.g., childcare, no valid mailing address / email / phone, criminal history, transportation, housing, food assistance, etc.):

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| 1. **What services do you think you might need to reach your employment goal?**
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| TYPES OF SERVICES | DESCRIBE |
| **Assistive Technology (AT)** (e.g., worksite evaluation, specialized computer / software, training on how to use AT devices, etc.) |  |
| **Independent Living (IL)** (e.g. budgeting training, learning how to manage a schedule, managing a household / daily living needs, time-management, etc.) |  |
| **Personal Assistance Services (PAS)** (PAS are services provided by a healthcare professional to assist individuals with physical disabilities, mental impairments, and other health care needs with their activities of daily living.) |  |
| **Supported Employment (SE)** (SE may be for individuals who need intensive help finding and keeping work and/or on-the-job supports to keep working because of the nature and severity of the disability.) |  |
| **Transition Services (TS)** (TS are services and supports for students or youth with disabilities, ages 14-24, including attending IEP / 504 plan meetings.) |  |
| **Other Services** (e.g. vocational counseling / guidance, training, interview / work clothing, tools, transportation assistance, license / certification, Social Security benefits planning, etc.) |  |
| 1. When you get ready to look for work, will you need help with any of the following?

[ ]  Application assistance [ ]  Interview preparation [ ]  One-on-one meetings to work on resume[ ]  Cover letters [ ]  Job search [ ]  Online job search[ ]  Email job leads [ ]  Master application[ ]  Referral to WorkSource (e.g., Job Hunter series, basic computer skills, Microsoft training, ex-offender services, mature worker services, youth services)[ ]  Other:  |
| 1. Describe any additional information that supports your employment goal:

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| 1. Your specific employment goal should be consistent with your strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

 **Your specific employment goal is:** |