

Vocational Profile

Date Completed:

Compiled by:

I. Identification Information

A. Name:

B. Date of Birth:

C. Social Security Number:

D. Address:

E. Phone:

F. High School:

H. Disability: (check all that apply)

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Mental Retardation
(Mark one if MR) | <input type="checkbox"/> Severe Behavior Disability |
| <input type="checkbox"/> Mild | <input type="checkbox"/> Communication Disorder (Speech) |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Autism | Mark one if MH: |
| <input type="checkbox"/> Deafness <u>or</u> Hearing Impairment | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Personality Disorder |
| <input type="checkbox"/> Specific Learning Disorder | <input type="checkbox"/> Affective Disorder |
| | <input type="checkbox"/> Blindness or Visual Impairment |
| | <input type="checkbox"/> Deafness <u>and</u> Blindness |

I. Vision/hearing Screening

Does the individual use assistive devices such as:

- Wheelchair
- Braces
- Hearing aid
- Glasses
- Braille reader
- Other (specify) _____

J. Physical/health restrictions

List additional information regarding medications, allergies, recurring health problems, and physical restrictions or limitations. Attach reports as needed.

K. Financial Information:

SSI Application

- receives: amount _____ /month
 completed, awaiting determination
 not started

SSDI Application

- receives: amount _____ / month
 completed, awaiting determination
 not started

Other sources of income and amounts

_____ amount _____ / month
 _____ amount _____ / month
 _____ amount _____ / month

L. Collateral Information (updated & attached)

- Physical Date
 Psychological Date
 Resume (current within one year)

II. Residential/Domestic Information

A. Family (parent/guardian) address (if different from individual)

B. Phone number (if different from individual)

C. Names, ages, and relationships of family members:

- | | | |
|----|------|---------------|
| 1. | Age: | Relationship: |
| 2. | Age: | Relationship: |
| 3. | Age: | Relationship: |
| 4. | Age: | Relationship: |

D. Living Status:

- Lives at home with natural parents
 Lives with guardian
 Lives in residential facility
 Lives alone or with spouse
 Other (specify) _____

E. Family Supports: Estimate the extent to which individual's family can assist him/her with respect to following areas: 1=(none or minimal) 2=(some support) 3=(full support)

() Finances () Housing () Transportation () Education

F. Describe the nature and frequency of contacts with friends and other socially important people:

G. Describe the neighborhood and location within the community:

H. General types of employment near home:

I. Transportation available:

J. Potential employers among family/friends:

K. Comments:

III. Summary of skills (*attach resume*)

A. Describe work related strengths:

B. Describe any behavioral intervention strategies that have been particularly helpful:

C. Type of work the individual enjoys doing:

D. What the individual enjoys doing at home:

E. Observations regarding the types of social situations the individual likes the best:

F. Religious considerations, if any:

G. Describe instructional strategies that work for the individual:

H - U. Check all that apply and identify supports the individual may need:

H. Job seeking skills	Supports needed:
<input type="checkbox"/> Describes own job interests and skills	<input type="checkbox"/> Use resume in interview
<input type="checkbox"/> Initiates job seeking tasks	<input type="checkbox"/> Advocate during Application/Interview
<input type="checkbox"/> Identifies job source	<input type="checkbox"/> Job trial
<input type="checkbox"/> Demonstrates interview skills (e.g., eye contact, information responses)	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Asks for information about the job	
<input type="checkbox"/> Describes past work experience	
<input type="checkbox"/> Indicates interest in learning the job	
<input type="checkbox"/> Completes application forms	
<input type="checkbox"/> Prepares a resume	

I. Work performance skills	Supports needed:
<input type="checkbox"/> Arrives, leaves, takes breaks at appropriate time	<input type="checkbox"/> Modification of job elements that require strength/lifting
<input type="checkbox"/> Obtains more work as needed	<input type="checkbox"/> Behavior support
<input type="checkbox"/> Completes assignments and tasks within timelines	<input type="checkbox"/> Modification of counting/reading demands of tasks
<input type="checkbox"/> Sets priorities for tasks to be completed	<input type="checkbox"/> Modification of job elements that require coordination/fine motor skills
<input type="checkbox"/> Meets task deadlines	<input type="checkbox"/> Training or assistance with travel to/from workplace
<input type="checkbox"/> Adapts to changes in job routine	<input type="checkbox"/> Modifications in workplace to enable individual to maneuver a wheelchair
<input type="checkbox"/> Makes transitions smoothly from old to new tasks	<input type="checkbox"/> Written or visual schedule
<input type="checkbox"/> Checks and corrects own work	<input type="checkbox"/> Modification of job elements that require speed/high productivity
<input type="checkbox"/> Calls in when sick	<input type="checkbox"/> Other (specify):

J. Working with others	Supports needed:
<input type="checkbox"/> Follows supervisor's directions	<input type="checkbox"/> Alternate ways to communicate with customers/co-workers
<input type="checkbox"/> Asks for assistance when needed	<input type="checkbox"/> Personal assistance with eating, toileting, dressing
<input type="checkbox"/> Works cooperatively with co-workers	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Interacts well with customers, clients	

K. What additional support/adaptations will be necessary for employment?

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L. Self care skills	Supports needed:
<input type="checkbox"/> Takes care of own toileting	<input type="checkbox"/> Personal (assistance with eating, toileting, and dressing)
<input type="checkbox"/> Feeds self	<input type="checkbox"/> Written or visual schedule
<input type="checkbox"/> Dresses self	<input type="checkbox"/> Modifications of kitchen or laundry appliances
<input type="checkbox"/> Washes self	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Takes care of personal hygiene needs	
<input type="checkbox"/> Shops for food, clothing, and necessities	
<input type="checkbox"/> Cleans living quarters; washes dishes, clothes	
<input type="checkbox"/> Does laundry, washes sheets, towels, and clothes	
<input type="checkbox"/> Manages trash and garbage appropriately	

M. Travel skills	Supports needed:
<input type="checkbox"/> Drives automobile	<input type="checkbox"/> Needs assistance with street crossing
<input type="checkbox"/> Competent at crossing all intersections	<input type="checkbox"/> Needs training at new intersections
<input type="checkbox"/> Can ride bike to target destination	

<input type="checkbox"/> Can use mass transit	<input type="checkbox"/> Needs training when mass transit Schedule or destination changes
<input type="checkbox"/> Uses taxi	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Relies on travel support from others	
<input type="checkbox"/> Moves self about in immediate neighborhood (e.g., walking, bicycling)	
<input type="checkbox"/> Uses maps or bus schedules	
<input type="checkbox"/> Reaches destination on time	

N. Health and safety skills:	Supports needed:
<input type="checkbox"/> Recognizes safety and warning symbols and signs	
<input type="checkbox"/> Follows safety practices (e.g., traffic safety, household appliances)	<input type="checkbox"/> Visual/written aids
<input type="checkbox"/> Medicates self (e.g., insulin, oral medications)	<input type="checkbox"/> Medication monitoring
<input type="checkbox"/> Responds to emergencies (e.g., fire, bodily injuries)	
<input type="checkbox"/> Requests medical and/or dental care	<input type="checkbox"/> Other (specific):

O. Meal planning	Supports needed:
<input type="checkbox"/> Displays table manners (e.g., requests, passes food)	<input type="checkbox"/> Needs assistance obtaining/preparing meals and snacks
<input type="checkbox"/> Obtains prepared foods (e.g., vending machines, cafeteria)	<input type="checkbox"/> Needs assistance eating meals
<input type="checkbox"/> Prepares nutritious meals	<input type="checkbox"/> Needs assistance selecting foods appropriate to dietary requirements
<input type="checkbox"/> Purchases groceries	<input type="checkbox"/> Other (specific):

P. Money management	Supports needed:
<input type="checkbox"/> Identifies values of coins and bills	<input type="checkbox"/> Uses calculator
<input type="checkbox"/> Takes care of pocket money (e.g., stores it, keeps track of it)	<input type="checkbox"/> Needs budgeting assistance

<input type="checkbox"/> Exchanges money correctly for goods and services	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Uses next dollar strategy	
<input type="checkbox"/> Uses banks and checking services	
<input type="checkbox"/> Writes checks correctly	
<input type="checkbox"/> Balances checkbook	

Q. Recreation/leisure: List activities in which individual routinely participates	List activities in which the individual would like to participate:

R. Academic skills (Reading, Math, Time) How does this individual demonstrate educational skills?	Supports needed:
<input type="checkbox"/> Uses simple math	<input type="checkbox"/> Uses calculator
<input type="checkbox"/> Uses/accesses computers	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Writes, "types" complete sentences	
<input type="checkbox"/> Reads directional signs, symbols	
<input type="checkbox"/> Uses phone book, makes calls	
<input type="checkbox"/> Uses math for problem solving	
<input type="checkbox"/> Applies study skills to assignments	
<input type="checkbox"/> Reads newspapers, stories, etc.	
<input type="checkbox"/> Reads books and texts with understanding	

S. How does the individual handle time?	Supports needed:
<input type="checkbox"/> Tells time accurately with digital	<input type="checkbox"/> Uses a picture/printed schedule prepared by others
<input type="checkbox"/> By standard clock	<input type="checkbox"/> Prompting to follow schedule
<input type="checkbox"/> Can create and follow his/her schedule	<input type="checkbox"/> Other (specify):

T. Communication skills	Supports needed:
<input type="checkbox"/> Speaks clear English and is easily understood	<input type="checkbox"/> Uses an electronic communication system
<input type="checkbox"/> Speaks some English but is difficult to understand	<input type="checkbox"/> Uses a communication board/book
<input type="checkbox"/> Uses specific language other than English Specify:	<input type="checkbox"/> Uses sign language
<input type="checkbox"/> Can use telephone	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Uses gestures/vocalizations	

U. Social interaction skills	Supports needed:
<input type="checkbox"/> Communicates basic needs	
<input type="checkbox"/> Listens, answers questions	
<input type="checkbox"/> Resists negative peer pressure	
<input type="checkbox"/> Initiates, sustains, ends conversations	
<input type="checkbox"/> Touches self and others appropriately	
<input type="checkbox"/> Handles teasing , negative comments	
<input type="checkbox"/> Uses telephone correctly	
<input type="checkbox"/> Expresses feelings in appropriate ways	
<input type="checkbox"/> Cooperates and shares in group activities	
<input type="checkbox"/> Deals with strangers effectively	
<input type="checkbox"/> Respects others' property and privacy	
<input type="checkbox"/> Recognizes and deals with interpersonal problems	
<input type="checkbox"/> Adjusts to living in shared accommodations	
<input type="checkbox"/> Writes letters and completes forms	
<input type="checkbox"/> Admits and corrects own mistakes	
<input type="checkbox"/> Follows rules	
<input type="checkbox"/> Makes decisions that are reasonable and timely	
<input type="checkbox"/> Assists others when needed	

IV. Quality consideration for employment sites: rate the items as to importance for the consumer/family on a scale of: 1=(not important) 2=(somewhat important) 3=(very important)

- Opportunity for interaction with non-disabled co-workers
- Opportunity for high wages
- Opportunity to receive health benefits
- Opportunity to receive vacation and sick pay
- Safe, friendly accessible and comfortable working conditions
- Access to long term employment
- Availability to employment provided internal controls and support (e.g., job description, company trainers)
- Proximity to transportation
- Employer viewed favorably by community

V. Recommendations: Describe the ideal employment situation based on the input from individual, parents/guardian/advocate and your observations; summarize individual's strengths; list services that will be needed to maintain employment; and list other anticipated service requirements.