

VOCATIONAL PROFILE SUMMARY

Name:	Date		
Address:	Social Security #:	Date of Birth	
City, State, Zip Code:	Telephone:		
Current Occupation/status:	Marital status:	Conserved? Y N	
CAREER GOAL(S):			

PART 1: STAFF EVALUATION:

1. PHYSICAL/HEALTH RELATED SKILLS AND INFORMATION:

a. CURRENT MEDICATIONS:

b. Strength, lifting and Carrying Less than 10 10-20 pounds 30-40 pounds 50 pounds
pounds

Comments:

c. Endurance Works less Works 2-3 Works 3-4 Works more than
than 2 hours hours hours 4 hours

Comments:

d. Orienting Small area One Several Building Building and
only room rooms wide grounds

Comments:

e. Physical mobility Sit/stand in Fair Handles stairs & Full physical
one area ambulation minor obstacles abilities

Comments:

f. Appearance Unkempt/poor Unkempt/clean Neat/clean, Neat/clean,
hygiene hygiene clothing clothing matched
unmatched

Comments:

2. OTHER IMPORTANT INFORMATION

a. Age of onset of primary disability:

b. Documented secondary disability:

c. Pattern of physical involvement

d. If cerebral palsy is primary secondary disability, record type:	Spasticity	Atheotosis Rigidity	Dystonia Tremor	Mixed Hypotonia
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3. WORK SKILLS AND BEHAVIORS

a. Independent work rate	Slow pace	Steady/average pace	Above average, sometimes fast pace	Continual fast pace
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Comments:

b. Attention to task and perseverance	Frequent prompts required	Intermittent prompts, high supervision required	Intermittent prompts, low supervision required	Infrequent prompts/low supervision required
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Comments:

c. Independent sequencing of job duties	Cannot perform tasks in sequence	Performs 2-5 tasks in sequence	Can perform 7 or more tasks in sequence	Can perform tasks in sequence with adaptations: (i.e. visual cues, work layout, etc.)
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Comments:

d. Initiative/motivation	Always seeks work	Sometimes volunteers	Waits for direction or prompting	Avoids next task
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Comments:

e. Adapting to change	Adapts to change	Adapts to change with some difficulty	Adapts to change with great difficulty	Rigid routine required
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Comments:

f. Reinforcement needs (Amount of support typically required to learn and participate?)	Frequent supervisor reinforcement required	Intermittent (daily) reinforcer sufficient	Infrequent (weekly) sufficient	Pay check sufficient
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Comments:

g. Discrimination skills	Cannot distinguish between work supplies	Distinguishes between work supplies with an external cue (color, verbal prompt, etc.)	Can distinguish between work supplies	Independently gathers supplies and sets up work station
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Comments:

4. COMMUNICATION SKILLS (circle the strongest style)

a. Receptive Communication Preference:	Good listener, follows verbal directions	Visual, follows written directions	Visual, follows visual organizers	Kinesthetic, learns best through hands-on practice
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Comments:

b. Expressive Communication	Prefers to listen	Prefers to talk	Prefers to move around	Prefers to touch things
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Comments:

c. Handling criticism/stress	Resistive, Argumentative	Withdraws into silence	Accepts criticism/does not change behavior	Accepts criticism/changes behavior
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Comments:

5. SOCIAL / BEHAVIORAL SKILLS

a. Appropriate social interactions:	Rarely interacts appropriately	Polite, responses appropriate	Initiates social interactions infrequently	Initiates social interactions frequently
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Comments:

b. Unusual behaviors:	Many unusual behaviors	Few unusual behaviors	No unusual behaviors
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Comments:

c. What strategies have proven successful in teaching new behaviors?

d. Friends and social group(s): (church/temple, bowling league, clubs, etc.)

e. Observations of social situations that the applicant likes the best:

6. ACADEMIC SKILLS:

a. **History and general performance:** (from school records, interview data, observations):

b. Time awareness	Unaware of time and clock function	Can identify break and lunch	Can tell time to the hour	Can tell time in hours and minutes
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Comments:

c. Functional reading	None	Sight words and/or symbols	Simple reading	Fluent reading
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Comments:

d. Functional math	None	Simple counting	Simple addition and/or subtraction	Computational skills
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Comments:

7. LEARNING AND PERFORMANCE CHARACTERISTICS (Multiple Intelligences):

a. **Evidence of logical/mathematical intelligence:** (Prefers order, dislikes chaos and change, looks for patterns and regularity, etc.):

b. **Evidence of spatial abilities:** (Arts and crafts skills, artistic abilities, spatial abilities, etc.)

c. **Evidence of physical coordination:** (Good at sports, dancing, gross or fine motor skills, etc.)

d. **Evidence of musical abilities:** (Memorizes words to songs, has good rhythm, other musical ability)

e. **Evidence of people skills:** (Can read other people's motives, intentions, body language)

f. **Evidence of self smart skills:** (Is self-directed, makes good decisions based on personal needs)

g. **Evidence of nature skills:** (Is good with plants and animals, sees the big picture, etc.)

h. **Evidence of word smarts:** (Good reader, listener, speaker, or writer. Makes jokes, puns, stories.)

8. FLEXIBILITY/ACCOMMODATIONS THAT MAY BE REQUIRED IN THE WORKPLACE

a. Accessibility assistance, rehabilitation technology, personal care:

b. Habits, idiosyncracies, routines:

c. Physical/health restrictions:

d. Behavior challenges

e. Degree and type of negotiation required:

PART 2: CLIENT INTERVIEW

9. WORK AVAILABILITY

a. Work availability	Will work weekends	Will work evenings	Will work part-time	Will work full-time
	Yes / No	Yes / No	Yes / No	Yes / No

10. TRANSPORTATION

a. Getting to Work (Circle yes or no)	Provides own transportation (bike, car, walks, etc.)	Uses public transportation	Uses specialized travel services	Family/friend will provide transportation
Comments:	Yes / No	Yes / No	Yes / No	Yes / No

b. Independent street crossing (Circle yes or no)	None	Crosses 2 lane street without light	Crosses 4 lane street with light	Crosses 4 lane street without light
Comments:		Yes / No	Yes / No	Yes / No

c. Travel Skills	Requires bus training	Uses bus Independently	Uses bus, can make transfer	makes own travel arrangements
Comments:	Yes / No	Yes / No	Yes / No	Yes / No

11. DOMESTIC AND RESIDENTIAL INFORMATION

a. Important people in my life

b. Family profile: (parent/guardian, spouse, children, siblings):

c. Describe living situation (apartment, group home, number of people, relationship to applicant)

d. Residential history

e. Family support available	Very supportive	Supportive of work with reservations	Indifferent about work	Negative about work
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Comments:

12. INDEPENDENT LIVING AND COMMUNITY SKILLS

a. Description of typical daily routines:

b. Informal work performed at home:

c. Formal chores performed at home:

d. Informal jobs performed for others:

13. RECREATION/LEISURE

a. Recreation/leisure activities: (Hobbies, areas of interest)

14. WORK EXPERIENCE (attach resume)

a. Paid work experience:

Comments:

b. Sheltered or work activity employment (list types of jobs and tasks):

Comments:

15. WORK ENVIRONMENT PREFERENCES

a. Environmental conditions that the applicant likes the best:

b. Level of <u>interaction</u> applicant prefers	Is an independent worker	Is a dependent worker	Is a collaborative worker
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Comments:

c. <u>Sound</u> environment the applicant likes the best	Quiet	Noise (cars, traffic, machines)	Music	People talking
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Comments:

d. Lighting environment applicant likes the best:	Bright light	Low light	Sunlight (outdoors)	Light from a window	Light doesn't matter
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Comments:

e. Environments to be avoided?

16. VOCATIONAL PREFERENCES:

a. Where does the applicant see his/herself in 5, 10, 15 years?

b. What is the applicant's dream job?

c. Type of work that the applicant wants to do:

d. Type of work that the applicant/family always wished could be obtained.

e. Type of work that parent/guardian feels is appropriate.

f. What the applicant most enjoys doing:

g. Observations of the kinds of work that the applicant likes to do best:

17. JOB DEVELOPMENT

a. General types of employment near home

b. Specific employers near home

c. Potential employers in family:

d. Potential employers among friends:

e. Potential employment sites in neighborhood:

f. Business/employer contacts for leads:
