

Supported Employment
Vocational Assessment and Profile
Community Counseling Services

Rev 01/17

Case Name: _____

Case Id#: _____

Date: _____

Vocational Assessment and Profile

Work Incentive Planning:

Do you receive any of the following benefits?

- SSI SSDI Housing Subsidy Food Stamps TANF
 Retirement from Previous Job VA Benefits (Combat related? _____)
 Spouse or Dependent Child Receives Benefits
 Medicaid Medicare Other Benefits: _____
 I'm not sure what my benefits are.

Do you manage your own money?

Referral made to benefits planner

- Yes Date Referred _____
 No *If no referral, why not:* _____

Work Goals:

What is your dream job? (i.e., what type of work have you always wanted to do?)

What are your long-term career goals?

What type of job do you think you would like to have right now?

What is it that appeals to you about that type of work?

What type of job(s) do you know that you would not want?

Do you know people who are working?

--What types of jobs?

--What do you think about those jobs?

Education:

What school did you attend last?

--What was the highest grade you completed?

How did you do in school?

--Were you in any special classes (e.g., classes not on the core curriculum)?

Were you ever enrolled in vocational training classes?

Would you ever like to return to school?

--If so, for what type of degree?

Do you have any certificates or licenses related to work?

Military Experience:

What did you do in the military?

--Did you receive any specialized training?

What years were you in the military?

Do you remember what type of discharge you received?

Work Experience (begin with most recent work):

Job Title:			
Employer:			
Job Duties:			
Start Date:		End Date:	
Hours Worked Per Week:			
What did you like?			
What did you <u>not</u> like?			
Reason for Leaving:			
Other information:			

Job Title:			
Employer:			
Job Duties:			
Start Date:		End Date:	
Hours Worked Per Week:			
What did you like?			
What did you <u>not</u> like?			
Reason for Leaving:			

Job Title:			
Employer:			
Job Duties:			
Start Date:		End Date:	
Hours Worked Per Week:			
What did you like?			
What did you <u>not</u> like?			
Reason for Leaving:			
Other information:			

Job Title:			
Employer:			
Job Duties:			
Start Date:		End Date:	
Hours Worked Per Week:			
What did you like?			
What did you <u>not</u> like?			
Reason for Leaving:			
Other information:			

Please use additional sheets for any other jobs.

Current Adjustment: (Please fill out the following sections, as needed.)

Mental Health

Has anyone ever told you what type of mental illness you have? If so, what did they say?

How does your mental illness affect you?

What are the 1st signs that you may be experiencing a symptom flare-up?

How do you cope with your symptoms?

What medicines do you take, and when?

Physical Health

How is your physical health? (i.e., do you have any health problems?)

Do you have any problems with standing for long periods of time?

--Sitting—how long? Can you stand for an hour or more?

--Climbing Stairs—how many flights? How frequently?

--Lifting? How much?

How is your endurance? (i.e., how many hours could you work each day/week?)

Cognitive Functions

Do you have problems with memory?

Concentration?

Problem-solving?

Psychomotor speed?

Attention?

Is so, what things have helped with these issues in the past?

Do you have notable cognitive abilities?

Getting Ready For a Job:

Do you have a place to bathe/shower?

Do you have the clothes you'll need for a job and/or interviews?

Do you have an alarm clock?

Do you have two (2) forms of ID (e.g., photo ID, Social Security card, Passport, etc.)?

How might you get to a job?

Interpersonal Skills:

How well do you get along with other people?

Would you care for a job that involved working with the public?

Where do you love, and with whom?

Who do you generally spend time with, and how often?

Who might be a good person to help think about good jobs for you?

--Once you are employed, who would be a good person to provide support?

--Anyone else?

Work Skills:

How have you found jobs in the past?

What work skills have you learned from other jobs?

What hobbies/interests do you have?

What type of work do you think you would be good at?

Why do you want to work now?

Is there anything that worries you about going to work?

Substance Use:

How much alcohol do you drink?

--How often?

--Is there a particular time of day?

What drugs do you, or have you, used?

--How often?

Criminal Background:

Have you ever been arrested?

Have you ever been convicted of a crime?

1) Type: _____ Year: _____
State: _____ Circumstances: _____

2) Type: _____ Year: _____
State: _____ Circumstances: _____

3) Type: _____ Year: _____
State: _____ Circumstances: _____

4) Type: _____ Year: _____
State: _____ Circumstances: _____

Do you have any legal charges pending?

Daily Activity

What is a typical day like for you, from the time you get up until the time you go to bed?

Are there places in your neighborhood that you like to go?

Do you belong to clubs, groups, a church...?

What are your typical sleep hours?

Networking Contacts

Family:

Friends:

Previous Employers:

Others:

Information from Family, Previous Employers, or Others:

Staff Signature

Date