

VOCATIONAL PROFILE

SECTION I – CURRENT & HISTORICAL INFORMATION

(Sections in Blue to be completed by Service Coordinators and Personal Agents)

1. Identification Information	
Name:	DDD Case #:
Address:	Funding Source: <input type="checkbox"/> State Only Waiver: <input type="checkbox"/> Basic <input type="checkbox"/> B+ <input type="checkbox"/> CORE
City, State, Zip:	Date of Birth:
Telephone:	Place of Birth:
Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Plan of Care/Individual Service Plan Date:
Children: <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of Birth:	
Name of Guardian (if applicable):	Relationship to individual:
Guardian Telephone:	Guardian Email:
Guardian Address:	City, State, Zip:
Name of Primary Contact:	Relationship to individual:
Contact Telephone:	Contact Email:
Contact Address:	City, State, Zip:

2. Legal Status
a. U.S. citizenship or permanent residency is verified and documentation is on file. <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation is required for employment.
b. Have you ever been convicted of a misdemeanor (other than a parking violation) or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
c. Have you ever failed a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____

3. Health Information

Describe any medical conditions that require regular check ups by a medical professional:

Do you require any of the following medical equipment? Check all that apply.

- Glasses Contact lenses Hearing aides Walker Cane Wheelchair
 Scooter Dentures Oxygen Sleep apnea machine
 Other:

List any physical or health restrictions:

List any allergies to medications or other allergies:

List any health protocols that might be in place (i.e. what to do in case of seizures, etc.)

List health insurance information:

Medications, Supplements & Herbal Remedies

Medication	Dosage (times per day)	Original Rx Date	Condition(s) being treated	Most concerning side effects	Date

Comments:

Adapted from David Pitonyak Discovery Worksheet

4. Mental Health Information

Do you currently receive services from a mental health service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the contact information:	Date:
Do you currently have a cross crisis plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a current plan on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

5. Medical-related Emergency Information

Name of Physician:	Contact information:
Name of Pharmacy:	Contact information:
If you have a serious medical condition, do you have MedicAlert service and wear a bracelet or necklace with emergency information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Social Security

a. Do you receive Social Security benefits? If yes, indicate which benefit(s).

Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)

Social Security Disability Insurance for Disabled Adult Children (SSDAC)

b. Do you currently have a work incentive plan? If yes, indicate which plan.

Plan for Achieving Self Support (PASS) Impairment Related Work Expense (IRWE)

Other: _____

c. Do you currently have a subsidy in place? Yes No

Have you had a subsidy in the past? Yes No

If yes, Name of Employer: _____

Date of subsidy: _____ Percentage: _____

Retain copies in file.

d. Contact information for person who is responsible for reporting earnings to Social Security:

7. Potential Funding/Resources for Employment

Provide comments and resource person contact information for applicable sources of funding:

Source	Comments/Resource Person and Contact Information	Date
a. Division of Vocational Rehabilitation (DVR) or Department of Services for the Blind (DSB)		
b. Workforce Investment Act (WIA)		
c. Medicaid (give status of Medicaid Waiver)		
d. Temporary Assistance for Needy Families (TANF)		
e. Personal or family funds		
f. Organizations for Individual Development Accounts (church, credit union, family, employer, or clubs)		
g. Social Security Work Incentives – PASS, IRWE, other SSA initiatives		
h. SCORE – Retired business executives		
i. Colleges		
j. Other		
Comments:		

8. Residential History

a. Family profile (Parent/guardian, siblings, aunts, uncles, grandparents, etc.)

b. Past residential experiences (Parents' home, Group homes, institutions, etc.):

c. Other pertinent information:

9. Relationships with Family Members and Key Individuals

Name of Family Member, Community Member, or Key Individual	Connection or Relationship	OK to Contact?	Address, City, State, Zip	Phone Number Email Address	Describe the frequency and type of involvement of this individual	Entry Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

10. Communication Skills		Check the most appropriate box and provide details whenever possible.						
a. What is your primary mode of communication?	<input type="checkbox"/>	a. Verbal skills						
	<input type="checkbox"/>	b. Sign language						
	<input type="checkbox"/>	c. Communication device						
	<input type="checkbox"/>	d. Other:						
Comments:								
b. Receptive Communication Preference	<input type="checkbox"/>	Kinesthetic, learns best via hands on practice	<input type="checkbox"/>	Visual, follows visual organizers, pictures	<input type="checkbox"/>	Visual, follows written directions or checklists	<input type="checkbox"/>	Good listener, follows verbal directions
Comments:								
c. Expressive Communication	<input type="checkbox"/>	Prefers to listen	<input type="checkbox"/>	Prefers to talk	<input type="checkbox"/>	Prefers to move around	<input type="checkbox"/>	Prefers to touch things
Comments:								
d. Handling criticism/stress	<input type="checkbox"/>	Resistive, argumentative	<input type="checkbox"/>	Withdraws into silence	<input type="checkbox"/>	Accepts criticism, does not change behavior	<input type="checkbox"/>	Accepts criticism, changes behavior
Comments:								
e. Interactions with others	<input type="checkbox"/>	Is withdrawn, makes no eye contact	<input type="checkbox"/>	Makes some eye contact and will speak when asked a question	<input type="checkbox"/>	Will have brief conversations and appears to enjoy people	<input type="checkbox"/>	Friendly, enjoys talking with people, initiates conversations
Comments:								

(Sections in Green to be completed by the employment service provider.)

11. Physical Skills and Related Information

Check the most appropriate box and provide details whenever possible.

a. Strength, lifting, carrying	<input type="checkbox"/>	Less than 10 pounds	<input type="checkbox"/>	10-20 pounds	<input type="checkbox"/>	30-40 pounds	<input type="checkbox"/>	50 pounds
Comments:								
b. Endurance	<input type="checkbox"/>	Works less than 2 hours	<input type="checkbox"/>	Works 2-3 hours	<input type="checkbox"/>	Works 3-4 hours	<input type="checkbox"/>	Works more than 4 hours
Comments:								
c. Orienting	<input type="checkbox"/>	Small area only	<input type="checkbox"/>	One room	<input type="checkbox"/>	Several rooms	<input type="checkbox"/>	Building & grounds
Comments:								
d. Physical mobility	<input type="checkbox"/>	Sit/stand in one area	<input type="checkbox"/>	Fair ambulation	<input type="checkbox"/>	Handles stairs	<input type="checkbox"/>	Full physical ability
Comments:								
e. Appearance	<input type="checkbox"/>	Unkempt/poor hygiene	<input type="checkbox"/>	Unkempt/clean	<input type="checkbox"/>	Neat/clean unmatched clothing	<input type="checkbox"/>	Neat/clean matched clothing
Comments:								

12. Vocational Skills

a. Computer skills - Check all that apply:

- Word Internet navigation Ability to type Words per minute: _____
 Excel Computer games Other – list: _____
 PowerPoint Can use standard keyboard

b. List types of skills (office, landscaping, janitorial, manufacturing, etc.):

c. List any certifications or licenses:

13. Work Skills and Behaviors

Check the most appropriate box and provide details whenever possible.

a. Independent work rate	<input type="checkbox"/>	Slow pace	<input type="checkbox"/>	Steady/ average pace	<input type="checkbox"/>	Above average pace	<input type="checkbox"/>	Continual fast pace
Comments:								
b. Attention to task and perseverance	<input type="checkbox"/>	Frequent prompts required	<input type="checkbox"/>	Intermittent prompts, high supervision	<input type="checkbox"/>	Intermittent prompts, low supervision	<input type="checkbox"/>	Infrequent prompts, low supervision
Comments:								
c. Independent sequencing of job duties	<input type="checkbox"/>	Cannot perform tasks in sequence	<input type="checkbox"/>	Performs 2-5 tasks in sequence	<input type="checkbox"/>	Performs 7 or more tasks in sequence	<input type="checkbox"/>	Performs tasks in sequence w/ adaptations
Comments:								
d. Initiative/motivation	<input type="checkbox"/>	Avoids next task	<input type="checkbox"/>	Waits for direction or prompting	<input type="checkbox"/>	Sometimes volunteers	<input type="checkbox"/>	Always seeks work
Comments:								
e. Adapting to change	<input type="checkbox"/>	Rigid routine required	<input type="checkbox"/>	Adapts but with difficulty	<input type="checkbox"/>	Adapts with some difficulty	<input type="checkbox"/>	Adapts to change easily
Comments:								
f. Reinforcement needs (Amount typically required to learn and participate)	<input type="checkbox"/>	Frequent reinforcement required	<input type="checkbox"/>	Intermittent (daily) sufficient	<input type="checkbox"/>	Infrequent (weekly) sufficient	<input type="checkbox"/>	Pay check sufficient
Comments:								
g. Discrimination skills	<input type="checkbox"/>	Cannot distinguish between work supplies	<input type="checkbox"/>	Distinguishes between work supplies with external cues	<input type="checkbox"/>	Can distinguish between work supplies	<input type="checkbox"/>	Independently gathers supplies and sets up work station or area
Comments:								
h. Takes directions from people in authority.	<input type="checkbox"/>	Refuses to take direction	<input type="checkbox"/>	Takes direction with prompting	<input type="checkbox"/>	Takes direction most of the time	<input type="checkbox"/>	Very willing to take direction
Comments:								
i. Do you have a positive behavior support plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, retain copy in file.								

14. Education, Training, and Academic Skills

a. Year of graduation, name of high school, and location:

Retain copies of the high school diploma or GED if available.

b. List any training courses outside of high school (CPR, computer training, driving school, etc.):

Retain copies of certificates or licenses

c. List any training that you would like to receive:

Check the most appropriate box.

d. Time awareness	<input type="checkbox"/>	Unaware of time and clock function	<input type="checkbox"/>	Can identify break and lunch times	<input type="checkbox"/>	Can tell time to the hour	<input type="checkbox"/>	Can tell time in hours and minutes
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Comments:

e. Functional reading	<input type="checkbox"/>	None	<input type="checkbox"/>	Sight words and/or symbols	<input type="checkbox"/>	Basic reading – up to 3 rd grade level	<input type="checkbox"/>	3 rd grade level and above
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Comments:

f. Functional math	<input type="checkbox"/>	None	<input type="checkbox"/>	Simple counting	<input type="checkbox"/>	Simple addition and/or subtraction	<input type="checkbox"/>	Computational skills
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Comments:

15. 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, etc.)
- h. Evidence of word smarts (Good reader, listener, speaker, writer. Makes jokes, puns, tells stories, etc.):

16. Community Information

- a. Describe your neighborhood (Single family homes, apartments, parks, etc.):
- b. Location of neighborhood in community (Downtown, Uptown, Hazel Dell, etc.):
- c. Services/shopping near home:
- d. Transportation availability (Bus routes, etc.):
- e. Availability of employment sites near home:

17. Transportation

Check the most appropriate box and provide details whenever possible.

a. Getting to work	<input type="checkbox"/>	Provides own transportation (bike, car, walks, etc.)	<input type="checkbox"/>	Uses public transportation C-Tran	<input type="checkbox"/>	Uses C-Van	<input type="checkbox"/>	Family or friend will provide transportation
Comments:								
b. Independent street crossing	<input type="checkbox"/>	None	<input type="checkbox"/>	Crosses 2 lane street without light	<input type="checkbox"/>	Crosses 4 lane street with light	<input type="checkbox"/>	Crosses 4 lane street without light
Comments:								
c. Travel Skills	<input type="checkbox"/>	Requires bus training	<input type="checkbox"/>	Uses bus independently	<input type="checkbox"/>	Uses bus, can make transfer	<input type="checkbox"/>	Makes own travel arrangements
Comments:								
d. Interactions with strangers	<input type="checkbox"/>	Initiates conversations with strangers	<input type="checkbox"/>	Speaks to strangers when approached	<input type="checkbox"/>	Speaks to strangers occasionally	<input type="checkbox"/>	Does not speak to strangers
Comments:								

18. Work Experience

a. List formal chores at home (expected responsibilities such doing dishes, making bed, etc.):

b. Informal work performed at home (things you are not expected to do):

c. Informal jobs performed for others (taking care of neighbor's pet, etc.):

d. Sheltered employment or structured work experiences:

e. Volunteer work:

f. Letters of reference from former employers – retain copies in person's file if available.

19. Paid Employment History

List current employer first.

Name of Company or Agency	Address, City, State, Zip	Dates of Employment	Job Title and Primary Duties	Reason for Leaving	Obtained Reference Letter

Retain copies of job descriptions, previous résumés, reference letters, and evaluations when possible.

20. References for Employment

Name of Reference	Address, City, State, Zip, Phone, and Email Address	Relationship to Individual	Date person was confirmed as a reference
1.			
2.			
3.			
4.			

21. Community Participation and Recreation

a. List and describe community and recreation activities that you participate in on a regular basis.

Activity or Group	Location	Frequency of Activity

22. Life Activities and Experiences

a. Individualized life activities performed at home:

b. Individualized life activities performed in the community:

c. Structured group activities performed in the home:

d. Structured group activities performed in the community:

e. Current specific activities which are regularly participated in and which are important to you:

f. Past specific activities which were of significant importance to you:

g. List specific events and activities that you look forward to each year. (Include holidays, traditions, vacations, and other such activities.)

SECTION II – DISCOVERY & PERSONAL PREFERENCES

23. Skills, Gifts, and Strengths

a. List any skills, gifts, and strengths that you will contribute to a work environment (This may include things such a wonderful sense of humor, positive attitude, attention to detail, etc.)

b. List any awards or recognition and retain copies of certificates if available.

Comments:

24. Work Environment Preferences

Check the most appropriate box and provide details whenever possible.

a. Environmental conditions you like the best:

b. Level of interaction preferred	<input type="checkbox"/>	Prefers to work alone	<input type="checkbox"/>	Is a dependent worker	<input type="checkbox"/>	Is a collaborative worker	<input type="checkbox"/>	Is an independent worker
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Comments:

c. Sound level preferred or tolerated	<input type="checkbox"/>	Requires a quiet environment	<input type="checkbox"/>	Tolerates noise (cars, traffic, machines)	<input type="checkbox"/>	Music is tolerated and enjoyed	<input type="checkbox"/>	People talking is acceptable
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Comments:

d. Lighting	<input type="checkbox"/>	Bright Light	<input type="checkbox"/>	Low light	<input type="checkbox"/>	Sunlight (outdoors)	<input type="checkbox"/>	Light does not matter
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Comments:

e. Environments to be avoided:

f. Social interaction preferences (i.e. prefer to work with older individuals, etc.)

25. Vocational Preferences:

Check the most appropriate box and provide details whenever possible.

a. Work availability	<input type="checkbox"/>	Will Work weekends	<input type="checkbox"/>	Will work evenings	<input type="checkbox"/>	Will work part-time	<input type="checkbox"/>	Will work full-time
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List preferred work hours:

Comments:

b. What is your dream job?

Why?

c. Type of work you want to do:

Why?

d. Type of work that your support team wishes could be obtained:

Why?

e. Type of work your parent/guardian wishes could be obtained:

Why?

f. Observations or comments shared by others of the type of work/activities you most enjoy doing:

26. Accommodations

a. Accessibility assistance, rehabilitation technology, personal care requirements:

b. Habits, idiosyncrasies, safety concerns, or routines that will need to be accommodated:

c. Physical/health restrictions or accommodations (i.e. cannot be in direct sunlight, needs time to take medication, etc.):

d. Behavior challenges:

e. Degree and type of negotiation required:

f. Other information and comments:

Retain any consultant reports that may be helpful.

27. Job Development/Prospecting List	
List types of job categories, duties, or job titles that are consistent with the Ideal Employment Situation:	Entry Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

28. Possible Contacts to Employment or Volunteer Sites

Name of Company or Agency	Connection/Referral Source	Name of Contact Person Phone Number Email Address	Address, City, State, Zip	Contact Date & Outcome
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Vocational Profile Development

Agency and Staff Member Completing and Up-dating Profile	Date
1.	
2.	
3.	
4.	
5.	
6.	

Additional People Contributing to Profile:

Person Contributing Information to Profile and Relationship to Individual	Contact Information	Date(s) of Contribution
1.		
2.		
3.		
4.		
5.		
6.		
7.		

This document is an adaptation of the Vocational Profile which was developed by the Clark County (Washington) Developmental Disabilities Program and Paula Johnson Consulting based on the Discovery Process - developed by Michael Callahan, Norciva Shumpert, Melinda Mast, and Ellen Condon; and the Vocational Profile developed by Mindy Oppenheim.