**CAREER PROFILE & PLAN Cover Page**

**Client Name:**

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| **SUMMARY Vocational Assessment & Career Profile Planning Activities** | **Not Applicable** | **Date Started** | **Date Completed** |
| 1. Career Profile |  |  |  |
| 1. Person Centered Planning Meeting (MAP, PATH, etc.) on file |  |  |  |
| 1. Assessment types  a. Formal |  |  |  |
| b. Informal |  |  |  |
| c. Technology   Services  Communication OTHER |  |  |  |
| 1. Environments Assessment (list all)– 2. Home |  |  |  |
| 1. Community/Social (location) |  |  |  |
| 1. Work Based Exploration   (locations/type) |  |  |  |
| 1. Employment goal chosen, plan developed, including action steps |  |  |  |
| 1. Individualized Job Development Plan developed |  |  |  |
| 1. Job Retention Plan developed   (once hired) |  |  |  |
| 1. Career Development Continues |  |  |  |

**Vocational Profile Development Team**

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| Agency and Staff Member Completing and Updating Profile | | Date |
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| **Additional People Contributing Information to Profile and Relationship to Individual** | **Contact Information** | **Date(s) of Contribution** |
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**SECTION I - CURRENT & HISTORICAL INFORMATION**Gather information from a variety of sources including, individual, natural supports, integrated community experiences, employment or other work exploration activity (if appropriate, youth school to work transition activity), person centered planning meeting and relevant records.

**Section 1. BACK GROUND INFORMAITON**

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| --- | --- |
| 1. **Identification Information** | |
| Name: | BHDDH Case #: |
| Address: | BHDDH case worker: |
| City, State, Zip: | Date of Birth: |
| Telephone: | Place of Birth: |
| Email: | Gender:  Male  Female  Other list |
| Marital Status:  Married  Single | Individual Service Plan Date: |
| Children:  Yes  No  Date(s) of Birth: | ORS VR/SBVI Counselor: |
| **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.  Yes  No  List Documents: | |
| b. Have you ever been convicted of a misdemeanor (other than a parking violation) or felony?  Yes  No  If yes, explain: | |
| c. Have you ever failed a drug test?  Yes  No  If yes, explain: | |

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| **3. Communication Skills Check the most appropriate box, in comment provide details and/or need related to employment** | | | | | | | | | |
| 1. **What is your primary mode of communication?** | |  | Verbal skills |  | Sign language |  | Communication device  List Type |  | Other: |
| **Comments:** details and needs related to employment | | | | | | | | | |
| **b. Receptive Communication Preference** |  | | Kinesthetic, learns best via hands on practice |  | Visual, follows visual organizers, pictures |  | Visual, follows written directions or checklists |  | Good listener, follows verbal directions |
| **Comments:** | | | | | | | | | |
| **c. Expressive Communication** |  | | Prefers to listen |  | Prefers to talk |  | Prefers to move around |  | Prefers to touch things |
| **Comments:** | | | | | | | | | |

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| **d. Handling criticism/stress** |  | Resistive, argumentative |  | Withdraws into silence |  | Accepts criticism, does not change behavior |  | Accepts criticism, changes behavior |
| **Comments:** | | | | | | | | |
| **e. Interaction with others** |  | Is withdrawn, makes no eye contact |  | Makes some eye contact and will speak when asked a question |  | Will have brief conversations and appears to enjoy people |  | Friendly, enjoys talking with people, initiates conversations |
| **Comments:** | | | | | | | | |
| **Advocacy Skills:** Describe your self-advocacy skills such as ability to speak for yourself, search for and find resources, manage conflict. | | | | | | | | |
| **Are there any Communication needs (skills, supports, assistive technology?)** | | | | | | | | |

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| **4. Government Benefits, Subsidy & Health Insurance:** |
| 1. **Do you receive Social Security Benefits?**  Yes  No   **If Yes, indicate which benefit(s)?**   Supplemental Security Income (SSI) $ amount    Social Security Disability Insurance (SSDI) $\_\_\_\_\_\_\_ amount  **Do you have other financial benefits? (Railroad, Veterans, etc.) List** |
| 1. **Do you currently have a benefits work incentives plan?**  **Yes**  **No**   **If Yes, indicate which Incentives, if any** (\* approved by SSA)  \*Plan for Achieving Self Support (PASS)  \*Impairment related Work Expenses, Type/s:  \*Student Earned Income Exclusion  \*Subsidy or Special Condition Describe \*Trial Work Period  Ticket to Work, list Ticket holder:  \*Extended period of Eligibility  Other, list: |
| 1. **Have you ever met with a Benefits Counselor (BC) to discuss how a work incentives**  **Yes**  **No Date:** 2. **Do You have a written Benefits Plan?**  **Yes**  **No  If yes, Plan received:**  **Yes Plan Date:**  **No Name of BC:**   **If NO, would you like more information about Work Incentives**  **Yes**  **No**  **Online web resources:**  **Yes**  **No Date Provided**  **Fact Sheet:**  **Yes**  **No Date Proved   Public Information Sessions**  **Yes**  **No Date Attended**  **Referral for Individual Benefits Counseling**  **Yes**  **No**  **Unsure Referral Date:** |
| 1. **Current Subsidy: Check all that apply.**   Food Stamps  Rent type  Heating Assistance |
| **Other:** |
| **Health Insurance:** |
| **Medicaid Type: 1619b \_\_\_\_ Sherlock Plan (Medicaid buy-in) \_\_\_\_ OTHER:list**  **Medicare**  **Private Insurance: list:**  **Other List:** |
| What questions or concerns do you (family/ guardian or support team) have about working and impact on benefits and/or health insurance? |
| **5. Health Information** |
| Do you have a disability?  Yes  No  Intellectual/Developmental  Mental Health  Physical  Other List  Diagnosis:  Are you receiving ongoing treatment or support services?  Yes  No If yes, note contact section 2) |
| Do you require any of the following medical equipment? Check all that apply.  Glasses  Contact Lenses  Hearing Aids  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, allergy, diabetes management, etc.) |

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| **Medications, Supplements & Herbal Remedies** | | | | | |
| Medication | Dosage (times per day) | Original Rx Date | Condition(s) being treated | Side effects that may impact employment | Date |
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| Comments: | | | | | |

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| **6. Transportation/ Safety Awareness**  Check the most appropriate box and provide details whenever possible. | | | | | | | | | |
| **Check all that apply:**  Drives Self- has driver’s license  Uses Public Transportation (RIPTA)  Uses ADA Para transit (RIDE)  Gets a ride from family or friends, names:  Uses provider van or vehicle  Gets a ride form staff in staff person’s vehicle  School Bus  Other: | | | | | Requires a Bus/Van with a lift?  Yes  No  Requires vehicle modifications to travel safely? (grab bars, extenders, wheel chair tie-downs, etc. )  Yes  No | | | | |
| Comments: | | | | | | | | | |
| Support Needed to arrange or schedule transportation |  | Can arrange for transportation independently |  | With prompts, monitoring, instruction can arrange for transportation | |  | Can arrange for transportation with learning aides-pictures, scripts, etc. |  | Can not arrange for transportation at all.  Needs someone make travel arrangements. |
| b**. Independent**  **street crossing** |  | None |  | Crosses 2 lane street without light | |  | Crosses 4 lane street with light |  | Crosses 4 lane street without light |
| Comments: | | | | | | | | | |
| c. **Travel Skills** |  | Requires bus/travel  training |  | Uses bus independently | |  | Uses bus, can make transfer |  | Makes own travel arrangements |
| Comments: | | | | | | | | | |
| **d. Interactions**  **with strangers** |  | Initiates conversations with strangers |  | Speaks to strangers when approached | |  | Speaks to strangers occasionally |  | Does not speak to strangers |
| Comments: | | | | | | | | | |

**Section 2 – Key stakeholders**

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| **7. Relationships with Family Members and Key Individuals or other Support Service** | | | | | | |
| 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 a type of involvement of this individual | Entry  Date |
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**Section 3: Vocational History and Skills**

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| **8. Education, Training and Academic Skills** | | | | | | | | | | | | | | |
| a. Year of graduation, name of high school (GED), College and location:  *Retain copies of the diploma or GED if available.* | | | | | | | | | | | | | | |
| b. List any training courses/certificates outside of high school (CPR, computer training, occupation specific training etc.):  *Retain copies of the certificates or licenses* | | | | | | | | | | | | | | |
| Check the most appropriate box. | | | | | | | | | | | | | | |
| c. Functional  Reading |  | None | |  | Sight words and/or symbols | | |  | Basic reading – up to 3rd grade level | |  | 6th grade level and above | | |
| **Comments:** | | | | | | | | | | | | | | |
| d. Functional  Math |  | None | |  | Simple Counting | | |  | Simple addition and/or subtraction | |  | Computation skills | | |
| **Comments:** | | | | | | | | | | | | | | |
| 1. List any skills development or training you might like to receive: | | | | | | | | | | | | | | |
| **9. Paid Employment History Currently No Paid Experience  Date:**  **List current employer first.** | | | | | | | | | | | | | |
| **Name of Company or Agency** | | | **Address, City, State, Zip** | | | **Job Title and Primary Duties** | **Dates of**  **Employment** | | | **Reason for Leaving** | | | **Obtained Reference Letter** |
|  | | |  | | |  |  | | |  | | | Yes  No |
|  | | |  | | |  |  | | |  | | | Yes  No |
|  | | |  | | |  |  | | |  | | | Yes  No |
|  | | |  | | |  |  | | |  | | | Yes  No |

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

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| **10. References for Employment** | | | |
| **Name of Reference** | **Address, City, State, Zip, Phone & Email Address** | **Relationship to Individual** | **Date person was confirmed as a reference** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

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| **11. Life Skills Experience** |
| 1. List formal chores at home (expected responsibilities such as doing dishes, making bed, etc.): |
| 1. Informal work performed at home (things you are not expected to do): |
| 1. Informal jobs performed for others (taking care of neighbor’s pet, etc.): |
| 1. Volunteer Activity tasks/skills performed |

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| **12. Volunteer Activity & Community Participation and Recreation** | | | |
| a. List and describe volunteer, community and/or recreation activities that you participate in on a regular basis. | | | |
| **Activity or Group** | **Location** | **Frequency of Activity** | **Activity is Very Important to Me** |
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| b. List specific events and activities that you look forward to each year. (Include holidays, traditions, vacations, and other such activities.) | | | |

**Section 4: Discovery Personal and Community Exploration**Summarize/Bullet information obtained through activities, PCP meeting, structured discovery activity, etc.

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| **13. Skills, Gifts, Strengths and Concerns/Needs** |
| 1. List any skills, gifts, and strengths that you will contribute to a work environment (This may include things such as a wonderful sense of humor, positive attitude, attention to detail, etc.) |
| 1. List any Safety, Concerns or Support |
| 1. Comments: |

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| **14. Community Information** |
| 1. Describe your neighborhood (Single family homes, apartments, parks, etc.): |
| 1. Location of neighborhood in community (specific section of your town, ex Riverside is part of East Providence, list village if known) |
| 1. Transportation availability (Bus routes, etc.): note stops and distances from home |
| 1. What kinds of businesses/services/activities near home |

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| **15. Physical Skills and Related Information**  Check the most appropriate box and **provide details or known accommodations whenever possible.** | | | | | | | | |
| **a. Strength, lifting, carrying** |  | Less than 10 pounds |  | 10-20 pounds |  | 30-40 pounds |  | 50 pounds |
| **Comments:** | | | | | | | | |
| **b. Endurance** |  | Works less than 2 hours |  | Works 2-3 hours |  | Works 3-4 hours |  | Works more than 4 hours |
| **Comments:** | | | | | | | | |
| **c. Orienting** |  | Small area only |  | One Room |  | Several Rooms |  | Building & grounds |
| **Comments:** | | | | | | | | |
| **d. Physical**  **mobility** |  | Sit/stand in one area |  | Fair ambulation |  | Handles stairs |  | Full physical capability |
| **Comments:** | | | | | | | | |
| **e. Appearance** |  | Unkempt/poor hygiene |  | Unkempt/clean |  | Neat/clean  unmatched clothing |  | Neat/Clean  Matched clothing |
| **Comments:** | | | | | | | | |

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| **16. Work Skills** Specific strengths with Technology and List devices, software or tools that contribute to the workplace. |
| 1. 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 |
| ONet provides information on Occupational tasks, abilities, equipment, etc. <http://www.onetonline.org/> |
| 1. List confirmed occupations, job duties and or specific tasks/skills: |
| 1. List equipment experienced , if applicable (calculator, cash register, drill, hammer, leaf blower, shredding machine, etc.) |
| 1. List any certifications or licenses: |

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| **17. Work Soft Skills and Behaviors**  Check the most appropriate box and provide details whenever possible. | | | | | | | | |
| 1. **Time awareness** |  | Unaware of time and clock function |  | Can identify break and lunch times |  | Can tell time to the hour |  | Can tell time in hours and minutes |
| **Comments:** | | | | | | | | |
| **b. Independent**  **work rate** |  | Slow pace |  | Steady / average pace |  | Above average pace |  | Continual fast pace |
| **Comments:** | | | | | | | | |
| **c. Attention to**  **task and**  **perseverance** |  | Frequent prompts required |  | Intermittent prompts, high supervision |  | Intermittent prompts, low supervision |  | Infrequent prompts, low supervision |
| **Comments:** | | | | | | | | |
| **d. Independent**  **sequencing**  **of job duties** |  | Cannot perform tasks in sequence |  | Performs 2-5 tasks in sequence |  | Performs 7 or more tasks in sequence |  | Performs tasks in sequence w/  adaptations |
| **Comments:** | | | | | | | | |
| **e. Initiative /**  **motivation** |  | Avoids next task |  | Waits for direction or prompting |  | Sometimes Volunteers |  | Always Seeks work |
| **Comments:** | | | | | | | | |
| **f. Adapting to**  **change** |  | Rigid Routine Required |  | Adapts but with difficulty |  | Adapts with some difficulty |  | Adapts to change easily |
| **Comments:** | | | | | | | | |
| **g. Reinforcement needs (Amount required to learn and participate)** |  | Frequent reinforcement required |  | Intermittent (daily) sufficient |  | Infrequent (weekly) sufficient |  | Pay check sufficient |
| **Comments:** | | | | | | | | |
| **g. Discrimination**  **skills** |  | Cannot distinguish between work supplies |  | Distinguishes between work supplies with external cues |  | Can distinguish between work supplies |  | Independently gathers work supplies and sets up work station. or area |
| **Comments:** | | | | | | | | |
| **h. Takes**  **directions**  **from people**  **in authority** |  | Refuses to take direction |  | Takes direction with prompting |  | Takes direction most of the time |  | Very willing to take direction |
| **Comments:** | | | | | | | | |
| **18. Do you have a positive behavior support plan in place?**   Yes  No  **If yes, retain copy in file.** | | | | | | | | |

**SECTION 5 – SUMMARIZE PREFERENCE/IDEAL CONDITIONS Of EMPLOYMENT**

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| **19. Skills, Gifts and Strengths** | | | | | | | | |
| 1. List any gifts and strengths that you will contribute to a work environment (This may include things such as a wonderful sense of humor, positive attitude, attention to detail, etc.) | | | | | | | | |
| 1. List Skills, tasks and equipment you want to use at work | | | | | | | | |
| Comments: | | | | | | | | |
| **20. 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 | 🞏 | Prefers to work alone | 🞏 | Is a dependent worker | 🞏 | Is a collaborative worker | 🞏 | Is an independent worker |
| Comments: | | | | | | | | |
| c. Sound level  preferred or  tolerated | 🞏 | Requires a quiet environment | 🞏 | Tolerates noise, (cars, traffic, machines) | 🞏 | Music is tolerated and enjoyed | 🞏 | People talking is acceptable |
| Comments: | | | | | | | | |
| d. Lighting | 🞏 | Bright light | 🞏 | Low light | 🞏 | Sunlight (outdoors) | 🞏 | Light does not matter |
| Comments: | | | | | | | | |
| 1. Environments to be avoided: | | | | | | | | |
| 1. Social interaction preferences (i.e. prefer to work with older individuals, etc.) | | | | | | | | |

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| **21. Vocational Preferences**  **Check the most appropriate box and provide details whenever possible.** | | | | | | | | |
| a. Work  availability |  | Will work weekends |  | Will work evenings |  | Will work  part-time |  | Will work  full-time |
| List preferred work hours: | | | | | | | | |
| Comments: | | | | | | | | |
| b. What are jobs you might find interesting?  Why? | | | | | | | | |
| c. Type of work you think you would be good at:  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: | | | | | | | | |

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| **22. Accommodations** |
| 1. List specific technology, Devices, Software, other tools required in the workplace. Accessibility assistance, rehabilitation technology, personal care requirements: |
| 1. Habits, idiosyncrasies, safety concerns, or routines that will need to be accommodated: |
| 1. Physical/health restrictions or accommodations (i.e. cannot be in direct sunlight, needs time to take medication, etc.): |
| 1. Behavior challenges: |
| 1. Degree and type of ADA accommodation required:   Application process  Interview process  Hiring Process  Accommodations projected once on the job: |
| 1. Other information and comments: *Retain any consultant reports that may be helpfu*l |

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| **23. Vocational Assessment and Job Preparation Action Steps** Address/list any vocational exploration, training, job search, retention or resource needs incorporate results into the appropriate section of the profile. Completed assessments saved in file | | |
| **Task** | **Start Date/end date** | **Person responsible** |
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| **Contributions to getting a job. Check all that apply.** |
| Resume  Traditional  Pictorial portfolio  Video  other:  Interview Training  Dress for success  Soft skills Training  Identify Job leads Other: |

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| **24. Other potential Funding/ Resources for Employment** | | |
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| **What resources below could help you attain your career goal?**  **Any outreach required should be noted in the assessment or employment action plan** | | |
| **Source** | **Resource Person & Contact Information** | **Comments** |
| 1. BHDDH   Self Directed services or Agency Directed  Community living support  Daily Living Support  Day Activity / Employment  Vocational Assessment, Job Development, Job Coaching |  |  |
| 1. Office of Rehabilitation Services   Vocational Rehabilitation (VR) or  Services for the Blind and Visually Impaired (SBVI) |  |  |
| 1. Department of Labor and Training   Networkri- general services  EmployRI web resource  Workforce Investment Opportunity Act (WIOA)  Disability Employment Initiative (DEI) |  |  |
| 1. Personal or family funds |  |  |
| 1. Business Development Resources   Small Business Administration (SBA)  SCORE- retired business Executives  ORS  Other: |  |  |
| e. Colleges |  |  |
| 1. Ticket to Work- Employment Network |  |  |
| OTHER: |  |  |

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| **25. Job Search Prospecting Ideal conditions (wants/needs): List job themes, job categories, duties/tasks, or job titles (insert additional page as needed)** | |
| List specifics | Entry date |
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**Job Development Employer Outreach Relate to ideal conditions above  
 \_\_\_ Completed network brainstorming/social capital mapping \_\_\_Community Mapping   
\_\_\_other:**

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| --- | --- | --- | --- |
| **Name of Company** | **Address, City, State, Zip** | **Contact Initiator, Contact Date & Outcome** | **If appropriate-Referral source, contact information** |
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ADD ADDITIONAL PAGES AS NEEDED

This document is an adaptation of the Vocational Profile which was developed by various state profiles (Oregon and Connecticut) and other documents from Virginia Commonwealth University, Institute for Community Inclusion, Marc Gold and Associates & Sherlock Center on Disabilities.