

EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ *TABS ID #:* _____

SEMP Agency: _____ *DDRO:* _____

Date Discovery Started: _____ Date Report Completed: _____

PURPOSE: To summarize information relevant to employment and analyze and synthesize this information to make recommendations for meeting the individual’s career and vocational goals.

The Discovery Report and recommendations must be completed then reviewed and approved by YOUR supported employment services management. After the Discovery Report has been reviewed and approved by your supported employment manager, please forward to ETP Supervisor.

If job development is authorized by ETP Supervisor, a job developer would use this to develop a job that matches the individual’s skills and abilities. If other services are recommended, the support team can use the information to design services that will help the person achieve their vocational goals.

<u>ACTIVITY</u>	<u>REQUIRED HOURS</u>	<u>ACTUAL NUMBER OF HOURS</u>
1. Review of File	4 - 6	_____
2. Interviews: (Individual, Friends, Support Staff)	6 - 10	_____
3. Observation of Individual	10 - 12	_____
4. Community-Based Volunteer/ Work Situational Assessment	20 – 30	_____
TOTAL	40 – 58*	_____

*Additional hours can be authorized by the ETP Supervisor if needed.

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1. REVIEW OF FILES

PURPOSE: Records contain valuable information about an individual’s background, skills, abilities, cognitive ability, and experiences. Some of this information is **ESSENTIAL** to know how to achieve the best possible employment outcome. For example, an individual’s reading level listed in a psychological assessment (or elsewhere) would be an extremely important factor to know before seeking employment. The person reviewing the file is **ENCOURAGED TO NOTE ALL INFORMATION** that would be relevant to obtaining or maintaining employment. **APPROXIMATELY 4 – 6 Hours** will be required; some of these hours **MAY** be used in obtaining the records/files.

Instructions: COMPLETE THE FOLLOWING sections as files are reviewed:

FILES OBTAINED AND REVIEWED: (Check all that were reviewed and complete the correct section)

- | | | | |
|-------|--------------------------|-------|-----------------------------|
| _____ | ISP* Dated: _____ | _____ | Psychological* Dated: _____ |
| _____ | Adaptive Behavior Scale | _____ | Supported Employment** |
| _____ | Day Habilitation** | _____ | Pre-Vocational** |
| _____ | IPOP (if one exists) | _____ | DVE*** or Career Assessment |
| _____ | Community Habilitation** | | |

*Required **Required if currently enrolled or enrolled in last 3 years ***Required if served by ACCES in last 3 years

ISP/PSYCHOLOGICAL/ADAPTIVE BEHAVIOR REVIEW:

Diagnosis: _____ Full Scale IQ: _____
 Reading Level: _____ Mathematical Skills: _____
 Adaptive Behavior Scale Score: _____

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Noted behaviors that would impact employment (Attach Behavior Support Plan if one exists):

Other factors that would impact employment:

Physical Challenges/Medical needs:

Reviewed the person's ISP Safeguards and IPOP for time alone in the community.

If community time alone is limited, describe under what conditions the person has time alone in the community (attach ISP Safeguards/IPOP):

LIST Valued Outcomes *related to employment* from ISP:

1. _____

2. _____

3. _____

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Employment History (FROM ALL RECORDS/FILES):

Briefly summarize the person's **PAID EMPLOYMENT** history:

<u>Business Name</u>	<u>Dates</u>	<u>Tasks</u>	<u>Reason for Leaving</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Briefly summarize the person's **VOLUNTEER** experiences:

<u>Business Name</u>	<u>Date</u>	<u>Tasks</u>	<u>Reason for Leaving</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Services currently being provided (circle): Day Hab Comm Pre-Voc Site Pre-Voc
 SEMP Pathway Community Hab

DAY HABILITATION RECORDS/SERVICE DOCUMENTATION:

Never Participated in this Service

List Habilitation Plan Goals and Activities:

List Specific Staff Supports and Services:

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Safeguards:

List Other Activities in the Community:

1. _____
2. _____
3. _____

PRE-VOCATIONAL/DAY TRAINING/SHELTERED WORKSHOP RECORDS: (Either Site-Based or Community Based)

Never Participated in this Service

Pre-Vocational services are (circle one): Community Based Site Based

If the person is earning wages, how many hours per week are they working?
_____ hours/ wk.

Rate of pay _____ (if working) Production rate _____ (if applicable)

Type of work: _____ (Production, Cleaning)

SUPPORTED EMPLOYMENT RECORDS:

Never Participated in this Service

If the person is receiving or has received Supported Employment Services, check all that apply:

- | | | |
|------------------------------|---------------|----------------|
| _____ Working and being paid | _____ current | _____ previous |
| _____ Discovery | _____ current | _____ previous |
| _____ Job Development | _____ current | _____ previous |
| _____ Job Readiness Training | _____ current | _____ previous |

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Check all the employment services the person has participated in?

_____ ETP	Dates: _____	Reason for Leaving: _____
_____ ACCES-VR	Dates: _____	Reason for Leaving: _____
_____ ESEMP	Dates: _____	Reason for Leaving: _____
_____ OPTS/SEMP	Dates: _____	Reason for Leaving: _____
_____ Workshop	Dates: _____	Reason for Leaving: _____

SCHOOL INFORMATION: (if within 5 years and available)

Does/did the person receive one-on-one assistance with a Teacher’s Aide or other school staff? If so how much time is spent and what skills is/was the person receiving assistance with.

Briefly summarize the person’s SCHOOL RELATED WORK experiences: (paid or unpaid)

<u>Where</u>	<u>Tasks</u>	<u>Liked/Disliked</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

DIAGNOSTIC VOCATIONAL EVALUATION OR CAREER ASSESSMENTS:

What career development activities did the individual complete career assessments, job readiness classes, job shadowing, vocational classes, etc.?

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Please list any other additional comments after review of file:

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2. INTERVIEWS OF THE INDIVIDUAL, SUPPORT STAFF, FAMILY AND FRIENDS

Purpose: Interviewing the individual, support staff and family and friends is helpful to get a snapshot of their current schedule/services and obtain their perspective on past employment/volunteer experiences. Some of the questions on the Interview Worksheets may be rephrased or omitted depending on the circumstance of the individual. The person interviewing is encouraged to note all information that would be relevant to obtaining or maintaining employment. Approximately 1 to 2 hours per interview totaling approximately 6 to 10 hours.

Instructions: Interview the individual, pertinent family and/or friends, and one support staff from each OPWDD service the individual receives and complete an Interview Worksheet for each interview. Interview Worksheets are provided in a separate document. *Interview Worksheets may be requested by the ETP Supervisor and should be available if requested.*

After holding the interviews, complete the information below.

INTERVIEWEE	RELATIONSHIP	SERVICE PROVIDER -TYPE

Person’s stated work preferences:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

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Based on the information obtained during the Interviews, how independent is the person in the community? Does the person go places alone? Please describe specifically where the person goes alone in the community:

After completing all interviews, please select 5 things that would impact the person’s ability to obtain or maintain employment (For example, family concerns, loss of benefits, hygiene, behaviors, transportation, like and dislikes):

1. _____
2. _____
3. _____
4. _____
5. _____

After completing all interviews, please summarize what skills the individual has and what type of work are they best suited for:

Interviewer’s Comments:



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3. OBSERVATION OF INDIVIDUAL

PURPOSE: Observing an individual in different settings can reveal strengths and weaknesses. People can behave differently depending on their environment. For example, an individual in a community setting may be shy, but in a more sheltered program they are outgoing and friendly. This section collects that factual information. This information will be used to identify gaps and career development needs. Approximately 10-12 hours of total observation are recommended in at **least two different locations.**

Instructions: **COMPLETE** an “Observation of Individual Worksheet” for each observation. Provide **at least two** completed worksheets but you can provide more if additional pertinent observations were made.

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OBSERVATION OF INDIVIDUAL WORKSHEET

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(Use Separate Sheet for Each Observation = 2 are required)

PURPOSE: Observing an individual in different settings can reveal strengths and weakness. People behave differently depending on the environment. For example, an individual in a community setting may be shy, but at a more sheltered program they are outgoing and friendly. This section collects that factual information. This information will be used to identify gaps and career development needs. Approximately 10 - 12 hours of total observation are recommended in two or more locations.

Location of observation: _____ # Hours Observed _____

Address of observation: _____

Program Type: Day Hab Pre Voc Workshop SEMP Residence/ Home
 Comm. Hab Other: _____

- a. Activity being observed:
- Recreational Activity
 - Volunteer Tasks in Community
 - Workshop Work
 - Paid Employment
 - Home Activities

- b. Exact tasks being observed:
1. _____
 2. _____
 3. _____

- c. Through observation, what tasks was the person able to successfully complete?
1. _____
 2. _____

d. Level of staff support: 1:1 1:_____ Group Independent



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OBSERVATION OF INDIVIDUAL WORKSHEET

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e. Performance of tasks: Excellent/Independent Good Fair

f. What type of assistance was needed if any (i.e. redirection, hand over hand)?

g. Observed physical limitations:

h. Personal hygiene: Good Needs Improvement

i. Interaction with staff: Cooperative Friendly Anxious
 Shy Outgoing

j. Interaction with peers: Cooperative Friendly Anxious
 Shy Outgoing

k. Did the individual interact with community members? Yes No

l. Does it appear that the individual is able to follow directions? Yes No

m. Does it appear that the person was productive? Yes No

If no, what prevented the individual from being productive?

n. Behaviors noticed:

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OBSERVATION OF INDIVIDUAL WORKSHEET

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o. List 3 positive behaviors that would be transferrable to employment:

1. _____
2. _____
3. _____

p. List 2 challenges that might hinder employment

1. _____
2. _____

Other comments:

Completed by: _____ (Print) Date: _____



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4. COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENTS

PURPOSE: Observing and instructing an individual in community volunteer and work settings will allow the individual to discover new skills and interests and realistically evaluate current skills and interests. Work performance is multi-faceted and includes various work skills in the areas of physical abilities, academic abilities, social skills, response to supervision, stamina, creativity, safety skills, etc. Community-based volunteer/work assessments allow the person to demonstrate their skills and abilities in various work environments as well as identify their strengths, needs and potential skills. Community-based work experiences also allow staff to identify the person’s learning style, individualized instructional strategies and motivators. This section collects information through observation, the individual’s response to instruction, the individual’s acclimation to the work environment, the work-site supervisor’s observation and the individual’s expressed preferences.

Instructions: COMPLETE THE FOLLOWING- “Community-Based Volunteer/Work Situational Assessment Worksheet”. Please use separate sheets for each observation. It is recommended that this process be used **two different volunteer/work experiences**. Please complete a **separate** Community-Based Volunteer/Work Situational Assessment Worksheet **(all 5 pages) for each assessment**.

The following worksheet is used for each individualized volunteer/work experience in the community and completed at the end of each experience to summarize the learning and progress.

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COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT WORKSHEET

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PURPOSE: Observing and instructing an individual in community volunteer and work settings will allow the individual to discover new skills and interests and realistically evaluate current skills and interests. Work performance is multi-faceted and includes various work skills in the areas of physical abilities, academic abilities, social skills, response to supervision, stamina, creativity, safety skills, etc. Community-based volunteer/work assessments allow the person to demonstrate their skills and abilities in various work environments as well as identify their strengths, needs and potential skills. Community-based work experiences also allow staff to identify the person’s learning style, individualized instructional strategies and motivators. This section collects information through observation, the individual’s response to instruction, the individual’s acclimation to the work environment, the work-site supervisor’s observation and the individual’s expressed preferences.

Which work environment best describes this volunteer/work experience?

- | | |
|--|--|
| <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Horticulture and Animal Care |
| <input type="checkbox"/> Arts and Creative Enterprise | <input type="checkbox"/> Healthcare and Personal Care |
| <input type="checkbox"/> Building and Grounds Cleaning | <input type="checkbox"/> Janitorial or Maintenance |
| <input type="checkbox"/> Social Services and Non Profit | <input type="checkbox"/> Public Safety and Protective Services |
| <input type="checkbox"/> Construction and Repair | <input type="checkbox"/> Retail and Sales |
| <input type="checkbox"/> Education and Childcare | <input type="checkbox"/> Production and Warehouse |
| <input type="checkbox"/> Food Service and Kitchen Operations | <input type="checkbox"/> Transportation and Material Moving |
| <input type="checkbox"/> Recreation and Entertainment | <input type="checkbox"/> Other (list): _____ |

Total # Hours Worked/Observed: _____ Location: _____

Duration - # of Weeks: _____

Weekly Volunteer/Work Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT WORKSHEET

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Type of Experience:

- Community-based Volunteer Experience
- Community-based Paid Work Experience

	ASSIGNED TASKS	Like or Dislike Task (L or D)	Quality (1-5) (5= most precise)	Work Pace (1-5) (5=fastest)	Level of Independence (1-5) (5=no assistance)
1					
2					
3					
4					
5					
6					



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COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT WORKSHEET

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List any tasks the person did not want to or could not perform (list the task and describe the reasons).

1. _____
2. _____
3. _____

Which areas did the person need the most support? (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Attention to task | <input type="checkbox"/> Following the task schedule |
| <input type="checkbox"/> Productivity | <input type="checkbox"/> Managing their time |
| <input type="checkbox"/> Learning the tasks | <input type="checkbox"/> Customer service |
| <input type="checkbox"/> Quality control | <input type="checkbox"/> Adapting to distraction |
| <input type="checkbox"/> Coworker interaction | <input type="checkbox"/> Asking for help |
| <input type="checkbox"/> Following instructions | <input type="checkbox"/> Stamina |
| <input type="checkbox"/> Physical strength/agility | <input type="checkbox"/> Troubleshooting problems |
| <input type="checkbox"/> Appropriate public conversation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Managing stress | |

INTERPERSONAL SKILLS:

1. Did the person dress and groom according to the volunteer/work standards? Yes No

If not, what were the areas for improvement? _____

2. Did the person keep conversation topics appropriate for and not overly personal? Yes No
3. Did the person respond politely and quickly to supervisor requests? Yes No
4. Responds calmly to changes in routine? Yes No
5. Understands and responds to task requests from supervisor? Yes No
6. Can the person respond to coworker or "customer requests"? Yes No
7. Does the person interact with coworkers and customers in a positive manner? Yes No



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COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT WORKSHEET

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ACADEMIC SKILLS:

Which academic skills did you observe? (Check the highest level of skill without staff assistance)

Reading Skills: N/A No reading Limited words Average or above reading skills

Writing Skills: N/A No writing Basic words Simple sentences Multiple sentences

Math Skills: N/A No math skills Counting Addition

VOCATIONAL SKILLS:

1. Which Vocational Skills did you observe? (Check all that apply **without staff assistance**)

Money Exchange: N/A No money skills Counts money Calculates change

Clerical Skills: N/A Alphabetical filing
 Numerical filing Types accurately
 Operates a copy machine Collates
 Answers the phone and records accurate messages

2. If the person types, what is their words per minute? _____

3. Physical Skills: Walks/Stands Lifts/Carries Pushes/Moves Equipment
 Other (list): _____

4. List any physical limitations: _____

ENVIRONMENTAL FACTORS:

1. Was the person able to participate with noise and distractions? N/A Yes No

2. Was the person able to participate in outdoor tasks? N/A Yes No

3. Was the person able to participate with multiple supervisors? N/A Yes No

4. Which environmental factors are the most important for the person's success?

1. _____ 3. _____

2. _____ 4. _____

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COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT WORKSHEET

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1. What skills related to getting to and from work did the person demonstrate?
(Check all that apply without staff assistance)

- | | |
|---|--|
| <input type="checkbox"/> Safely crosses streets | <input type="checkbox"/> Drives a car |
| <input type="checkbox"/> Walks 3 blocks or more | <input type="checkbox"/> Can take taxi-cabs |
| <input type="checkbox"/> Uses public bus | <input type="checkbox"/> Needs staff assistance for all transportation |
| <input type="checkbox"/> Can take public disability-related transportation system | |

2. What safety skills did the person demonstrate? (Check all that apply)

- Uses caution with equipment
- Notifies people when leaving an area (as appropriate)
- Navigates work area safely

3. How much time alone did the person have at the community volunteer work/job? (hours per day) _____

4. Did the person like this type of work? Yes No

5. How could they explore more options related to this type of work?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

6. If the person liked the volunteer/work tasks, what additional vocational skills would the person need to build to be successful in this type of work?

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

7. What additional interpersonal skills would the person need to build to be successful in this type of work?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Completed by: _____ Date: _____

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5. SUMMARY

PURPOSE: Summarize information relevant to employment and analyze and synthesize this information, to make recommendations for meeting the individual’s career and vocational goals. This section must be completed and the SEMP Director/Manager **MUST REVIEW** and **APPROVE** this report.

If job development is recommended, a job developer would use this to develop the job that matches the individual’s skills and abilities. If other services are recommended, the support team can use the information to design services that will help the person achieve their vocational goals.

Instructions: Complete the following information and **ASSURE** that it is **APPROVED** by the SEMP Manager/Director.

Choose the applicable work challenges:	Describe the specific challenge:
<input type="checkbox"/> Difficulty managing stress	
<input type="checkbox"/> Limited independence	
<input type="checkbox"/> Repetitive job loss history	
<input type="checkbox"/> Limited safety skills	
<input type="checkbox"/> Limited transportation resources	
<input type="checkbox"/> Physical limitations	
<input type="checkbox"/> Limited communication skills	
<input type="checkbox"/> Difficulty staying on task	

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<input type="checkbox"/> Grooming/hygiene skills	
<input type="checkbox"/> Limited interview skills	
<input type="checkbox"/> Limited work experience	
<input type="checkbox"/> Social interactions	

Interest/Personal Information:

What are the person's career interests?

1. _____
2. _____
3. _____

Has the person sought benefit advisement? Yes No

Does the person understand that working might impact their benefits? Yes No

Are there limitations due to stamina/health concerns? Yes No If yes, what are the concerns?

Environmental Preferences/Needs:

- Outdoor Work Physical Work Social Work Culture Flexible Supervisor
- Quiet Environment Consistent Tasks Routine Work Schedule Limited Standing/Lifting
- Variety of Tasks Self Directed Work Limited Tasks Limited Customer Interaction

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- Limited Distractions
 Coworkers Available to Redirect
 Other (List):

What would you **avoid** regarding job duties and environment?

_Duties: _____

_Environment: _____

Transportation: (Check available Options)

- Drive Own Vehicle
 Walk/Ride Bike
 Family/Residence Transportation
 Public Transportation
 Taxi/Ambulatory Transportation Contractor
 Other:

Work Availability:

How many hours does the person want to work per week? _____ Per day? _____

What is the person’s availability to work (please be specific and include days/times)?

Days of the week:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AVAILABILITY:							

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Based on the Discovery Process, I am recommending (choose 1 of the 3 options):

1. **The person will not begin job development yet and will improve specific work skills related to their job interest through the following service(s):**

- Day Hab Community Pre Voc Community Hab Pathway Other

List which specific work skills the person will develop:

2. **The person will not begin job development yet and will improve interpersonal skills through the following service(s):**

- Day Hab Community Pre Voc Community Hab Pathway Other

List which interpersonal skills the person will develop:

3. **The person is ready for job development (if approved by ETP)**
(Please answer a through h.)

a. Work Skills/Talents:

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b. List 3 Personal Assets:

c. List 3 Challenges to Obtaining or Retaining Employment:

d. Natural Supports Needed:

e. What type(s) of work will be targeted for job development based on the person's current skills, career interests and employment needs?

f. Will the position need to be customized? Yes No

If yes, describe the plan of action:

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g. Based on the type of work that best suits the person, what types of businesses offer this work?

h. To meet their transportation needs, in which SPECIFIC geographic area(s) could they work?

Printed Name of Preparer: _____ **Initials:** _____ **Date:** _____

SEMP Manager Approval Signature: _____

Print Name: _____ **Print Title:** _____

Agency: _____ **Date Reviewed and Approved:** _____

ETP Supervisor Signature: _____ **Approved for Job Development**

Date notified SEMP Agency in writing: _____

ETP Supervisor Comments, if NOT APPROVED: