



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>MINIMUM REQUIRED HOURS</u>	<u>RECOMMENDED HOURS</u>	<u>ACTUAL OURS PROVIDED (Complete after Providing Hours)</u>
Review the File	4	4 - 6	_____
Interviews (Individual, Family, Friends)	5	6 - 10	_____
Observation of Individual	6	6-8	_____
Community-Based, Work- Related Situational Assessment	20	20 – 30	_____
Other (Development of Situational Assessments, Communication, Travel Time)	5	10 - 15	_____
TOTAL	40	46-69*	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

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



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Name: _____ TABS ID #: _____

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** | ACCES-VR Notes*** |

*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: _____

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



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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. _____

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.	_____	_____	_____	_____



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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 (check):

<input type="checkbox"/> Day Hab	<input type="checkbox"/> Comm Pre-Voc	<input type="checkbox"/> Site Pre-Voc
<input type="checkbox"/> SEMP	<input type="checkbox"/> Pathway	<input type="checkbox"/> Community Hab

DAY HABILITATION RECORDS/SERVICE DOCUMENTATION:

Never Participated in this Service

List Habilitation Plan Goals and Activities:

List Specific Staff Supports and Services:

Safeguards:

List Other Activities in the Community:

1. _____
2. _____
3. _____



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

Never Participated in this Service

Pre-Vocational services are (check 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 min wage	current	previous
Discovery	current	previous
Job Development	current	previous
Job Readiness Training	current	previous

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: _____

ACCES-VR (VESID):

Was job development done for this person funded by ACCES-VR (VESID)? YES NO

If yes, Agency that did job development: _____

Dates of Job Development: _____

Types of Jobs Developed: _____



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Result of Job Development:

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.?

Please list any other additional comments after review of file:



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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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. _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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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:



EMPLOYMENT TRAINING PROGRAM **DISCOVERY REPORT**

Name: _____ TABS ID #: _____

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 6 - 8 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.



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

OBSERVATION OF INDIVIDUAL WORKSHEET

(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 6 - 8 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. _____
 4. _____
 5. _____

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



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

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

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?



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

n. Behaviors noticed:

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: _____

Date: _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

OBSERVATION OF INDIVIDUAL WORKSHEET

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

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 - Paid Employment
 - Home Activities

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

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



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

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

e. Performance of tasks: Excellent/Independent Good Fair

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2. _____
3. _____

p. List 2 challenges that might hinder employment

1. _____
2. _____

Other comments:

Completed by: _____

Date: _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

4. COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENTS

PURPOSE: Observing and instructing an individual participating in community 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, work-related situational 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 Work-Related Situational Assessment Worksheet”. Please use separate sheets for each observation. It is recommended that this process be used two different work-related situational assessments. Please complete a separate Community-Based Work-Related Situational Assessment Worksheet (all 5 pages) for each assessment.

The following worksheet is used for each individualized, work-related situational assessment in the community and completed at the end of each experience to summarize the learning and progress.



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

(Page 1 of 5)

PURPOSE: Observing and instructing an individual in community 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, work-related situational 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 work-related, situational assessment experience?

- Office and Clerical
- Arts and Creative Enterprise
- Building and Grounds Cleaning
- Social Services and Non Profit
- Construction and Repair
- Education and Childcare
- Food Service and Kitchen Operations
- Recreation and Entertainment
- Horticulture and Animal Care
- Healthcare and Personal Care
- Janitorial or Maintenance
- Public Safety and Protective Services
- Retail and Sales
- Production and Warehouse
- Transportation and Material Moving
- Other: _____

Total # Hours Worked/Observed: _____ Location: _____

Duration - # of Weeks: _____

Weekly Work-Related, Situational Assessment Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

(Page 2 of 5)

Type of Experience:

Community-based Non-Paid Experience

Community-based Paid Work Experience

		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)
	ASSIGNED TASKS				
1					
2					
3					
4					
5					
6					



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

(Page 3 of 5)

List any tasks the person did not want to or could not perform.

1. _____
2. _____
3. _____

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

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

INTERPERSONAL SKILLS:

1. Did the person dress and groom according to the work standards? Yes No
If not, what were the areas for improvement?

2. Did the person keep conversation topics appropriate for the work environment? 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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DISCOVERY REPORT

Name: TABS ID #:

COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

(Page 4 of 5)

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
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 Answers the phone and records accurate messages
Numerical filing Types accurately
Collates Operates a copy machine
Alphabetical filing

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?
2. Was the person able to participate in outdoor tasks?
3. Was the person able to participate with multiple supervisors?
4. Which environmental factors are the most important for the person's success?
a. b.
c. d.



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

COMMUNITY-BASED WORK-RELATED 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)

Safely crosses streets

Drives a car

Walks 3 blocks or more

Can take taxi-cabs

Uses public bus

Needs staff assistance for all transportation

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-based, work experience? (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?

a. _____ b. _____

c. _____ d. _____

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

a. _____ b. _____

c. _____ d. _____

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

a. _____ b. _____

c. _____ d. _____

Completed by: _____ Date: _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

(Page 1 of 5)

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COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

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1					
2					
3					
4					
5					
6					



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

(Page 3 of 5)

List any tasks the person did not want to or could not perform.

1. _____
2. _____
3. _____

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

- | | | |
|---------------------------------|-----------------------------|---------------------------|
| Attention to task | Following the task schedule | Productivity |
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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?

a. _____ b. _____

c. _____ d. _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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COMMUNITY-BASED WORK-RELATED SITUATIONAL ASSESSMENT WORKSHEET

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a. _____ b. _____

c. _____ d. _____

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a. _____ b. _____

c. _____ d. _____

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

a. _____ b. _____

c. _____ d. _____

Completed by: _____ Date: _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

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. You may include additional comments on a separate sheet as needed. Please label the comments with the specific page and question numbers.



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

Choose the applicable work challenges:	Describe the specific challenge:
Difficulty managing stress	
Limited independence	
Repetitive job loss history	
Limited safety skills	
Limited transportation resources	
Physical limitations	
Limited communication skills	
Difficulty staying on task	
Grooming/hygiene skills	
Limited interview skills	
Limited work experience	
Social interactions	



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

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 | Coworkers Available to Redirect |
| Limited Distractions | Limited Customer Interaction | |

Other: _____

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: _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

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							

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

- 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:

a. _____ b. _____

c. _____ d. _____

- 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:

a. _____ b. _____

c. _____ d. _____



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

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

a. Work Skills/Talents:

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:

EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ **TABS ID #:** _____

g. Based on the type of work that best suits the person, what businesses in your area offer this work, as well as the environment required by the individual?

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

Print 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 **Yes** **No**

Date notified SEMP Agency in writing: _____

ETP Supervisor Comments, if NOT APPROVED: