

FUNCTIONAL VOCATIONAL ASSESSMENT

1. Individual Preferences

- a. What does the person seem to enjoy doing?
- b. What job(s) have been particularly successful?
- c. What job(s) have not been particularly successful?
- d. Does the person seem to enjoy activities that involve:
 - 1) Extensive or minimal gross motor movement
 - 2) Extensive or minimal fine motor movement
 - 3) Many people or very few people
 - 4) Peers, older, or younger people
 - 5) Usual or extensive visual and auditory stimulation or very little stimulation
- e. What is important to them? What is their passion?
- f. Does the person want to work? Why?

2. Individual Strengths

- a. What does the person do well?
- b. Does the person have particular strengths in any of the following areas:
 - 1) Assuming responsibility
 - 2) Social interactions
 - 3) Fine motor coordination (i.e., pinch, grasp, manipulation of small objects)
 - 4) Gross motor coordination
 - 5) Physical strength and endurance
 - 6) Attention to task
 - 7) Attention to details
 - 8) Responding favorably to correction/criticism

3. Work History

- a. Where has the person worked before?
 - 1) Type of business
 - 2) Tasks performed
 - 3) Transportation
 - 4) Hours
 - 5) Salary
 - 6) Level of support provided
 - 7) How long employed?
 - 8) Reason for leaving
 - 9) Relationships established
- b. Were past jobs good matches for the person? Why or why not?

4. Functional Use of Academics

- a. To what extent does the person use reading skills to:
 - 1) Gather information
 - 2) Engage in leisure activities
 - 3) Complete task
 - 4) Describe any adaptations the person uses to circumvent reading limitations.
*Refers to use of both written words and numerals
- b. Time telling skills
 - 1) Is the person able to tell time from both a "clock face" and digital watch/wall clock/clock radio?
 - 2) Does the person demonstrate time "awareness?"
 - 3) How are events scheduled for the person during the day?
 - 4) Does the person regularly wear and utilize a watch?
 - 5) Does the person know sequence of days/week; months/yr? Can s/he utilize a calendar to predict or schedule events?
 - 6) Describe any adaptations that the person uses with regard to time telling and/or scheduling.
- c. Money Skills
 - 1) To what extent does the person demonstrate an accurate understanding of what money can be used to buy?
 - 2) To what extent does the person identify and utilize money to make purchases for him/herself and/or others?
 - 3) Who handles the person's money?
 - 4) Describe any adaptations that the the person uses with regard to money handling and /or purchasing.
- d. Writing skills
 - 1) What is the extent of the person's Writing skills? Prints or writes?
 - 2) How does the person use writing skills on a daily basis? (Can the person complete her/his own job applications independently or would she/he need assistance?)
 - 3) Describe any adaptations the person uses with regard to writing skills.

5. Following Directions

- a. Is the person able to follow more than 1-step verbal directions? 2-steps? 3--steps?
- b. If the person is able to read, can s/he follow simple written directions to complete a task?
- c. If the person is unable to read, can s/he "read" sequential pictorial directions to complete a task?
- d. Does the person understand basic spatial concepts (e.g., in, on, under, next to, left/right, in front of, etc.)?

6. Behavior

- a. Describe the person's behavior with regard to:
 - 1) Age-appropriateness
 - 2) Appropriateness to situation and location
 - 3) Interfering with work tasks
 - 4) Ability to engage others in social interactions
 - 5) Ability to initiate and respond to social interactions
- b. How does the person indicate how he/she is feeling?
- c. Describe any challenging behavior(s) that have not been covered above and that are potentially dangerous either to the person or to others.
- d. What precipitates challenging behavior(s) and what are strategies for either preventing or coping with behaviors?

7. Learning Style

- a. How does the person seem to receive and process information (auditory, visual, kinesthetic, i.e., "by doing")?
- b. What methods seem to work best when teaching the person a new skill?
- c. What is the best method for correcting mistakes that the person might make?
Does s/he learn from her/his mistakes?
- d. What seems to interfere with the person's being able to learn new skills?
- e. What is the person's capacity to retain information?
 - 1) Short term memory skills
 - 2) Long -term memory skills
 - 3) Social Skills/Interactions

8. Social Skills/Interactions

- a. Does the person readily engage others in conversations?
- b. Does the person respond appropriately to conversations, questions, and comments from others?
- c. What types of things seem to encourage the person to interact with others?
- d. Does the person like to be around people or would she/he prefer to be alone most of the time?
- e. What social networks does the person currently have?

9. Communication Skills

- a. Receptive skills
 - 1) How does the person respond to simple "social" questions?
 - 2) How does the person respond to simple requests or directions?
 - 3) Does the person seem to understand good natured kidding and teasing from others?
 - 4) Does the person have any diagnosed hearing or visual impairments?

- 5) How much does the person pay attention and react to how others around him/her are acting or reacting to circumstances (including his/her own actions)?
- 6) Can the person participate in interview process unassisted?
- b. Expressive skills
 - 1) How does the person communicate expressively?
 - a). Verbal words, phrases, or sentences
 - b). Gestures, sign language
 - c). Combination of verbal and nonverbal means
 - d). Uses alternative communication system (describe)
 - 2) How easy is it for others to understand the person?
 - a). Those familiar with the person
 - b). Those unfamiliar with the person
 - 3) Can the person participate in the interview process?

10. Work Endurance/Stamina

- a. Are there any limitations on the amount or type of work that the person can do?
- b. If there are limitations, are they based on medical conditions or the result of other decisions?
- c. What type of a work schedule would be reasonable and desirable for the person?

11. Medical/Physical Status and Management

- a. Describe the person's current medical condition and how it does or doesn't impact upon his/her ability to work
- b. List any medications the person is currently taking, why they have been prescribed, and how effective they are currently.
- c. Discuss any side effects of medication, particularly as they may relate to work.
- d. Describe any hearing and/or visual impairments and how they may impact on work.

12. Orientation/Mobility Skills

- a. External
 - 1) Describe the person's overall sense of direction
 - 2) Describe the person's mobility
 - 3) For the persons who use a wheelchair, describe how independent they are in moving/maneuvering in wide open spaces (e.g., down sidewalks) and in crossing streets.
- b. Internal
 - 1) Describe the person's overall sense of direction
 - 2) Describe the person's mobility skills

- 3) For the persons using wheelchairs, describe how independent they are in moving/maneuvering in more confined spaces (e.g., offices, restaurants bathrooms, etc.).

13. Fine and Gross Motor Coordination Skills

- a. Describe the person's capacity to grasp, hold, and manipulate small objects (e.g., money, buttons, nuts/bolts/screws, parts).
- b. What is the person's dominant hand?
- c. Describe any limitations and/or concerns relating to gross motor movement, particularly as they might affect work (e.g., head control, positioning, and posture).

14. Work-Related Skills/Concerns

- a. Can the person get from home to work independently and on time?
- b. Describe the person's personal hygiene and her/his capacity to maintain acceptable hygiene while at a work site (e.g., bathroom skills, ability to clean hands and mouth following lunch, ability to control drooling).
- c. Describe the person's ability to take a break while at work (e.g., communicate with co-workers, occupy his/her time well, use money to make purchases, return to work on time, etc.).
- d. Describe what motivates the person to initiate and complete a task or activity (i.e., what seems to be reinforcing for the person?).
- e. Describe the person's problem-solving skills (e.g., can he/she relate his/ her address and telephone numbers upon request? What is he/she likely to do if he/she misses a bus? How does he/she seek assistance if problems arise at work or enroute to work?).

15. Transportation Needs

- a. How does the person currently access his/her job?
- b. If the person's not using public transportation, explain why this decision was made.
- c. What are the potential methods for the person to access a job in the future?
- d. Will the person need assistance/training in learning to utilize other transportation systems?

16. Current Financial Information and Concerns

- a. Is the person receiving SSI? SSDI? If possible, information relating to the amount of benefits being received would be helpful to obtain (with permission).
- b. Will benefits be adversely affected if the person works? At what point (e.g., SSDI).
- c. Have IRWEs or PASSs been submitted for the person? If so, for what expenses and when are they due for review?

- d. Does the person or her/his family have any concerns about how work might affect benefits (i.e., are there any disincentives to the person's working?).

17. Special Consideration/Support Needs (Long and Short-term)

- a. What does the person understand about vocational planning and job seeking skills?
- b. Describe the nature of support that the person would need (both work and work-related) in order to maintain community employment
- c. Recommendation
 - What would you recommend as the ideal job for the person?
 - 1) Type of task(s)
 - 2) Work environment
 - 3) Hours
 - 4) Level of support
 - 5) Anticipated rate of pay
- d. What do they believe will be the most difficult part of the vocational rehabilitation process?