

CE Discovery Intake

Individual's Name: _____ Date of Intake: _____

EC Name: _____ DRS Counselor: _____

Contractor Name: _____

SECTION 1 - CURRENT INFORMATION

1. Identification Information

Participant ID # (for Mental Health Only): _____ DOB: _____

mm/dd/yy

Address: _____

Street Address

City

State

Zip Code

Home Phone: _____ Cell Number: _____

Email Address: _____

Gender: ☐ Male

☐ Female

Marital Status:

☐ Single

☐ Married

☐ Widowed

☐ Divorced

Have Children? ☐ Yes ☐ No If so, how many? _____

Name of Guardian (if applicable): _____

Relationship: _____

Address: _____

Street Address

City

State

Zip Code

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Street Address

City

State

Zip Code

Phone Number: _____ Email Address: _____

2. Legal Status

U.S. citizenship or permanent residency is verified and documentation is on file: ☐ Yes ☐ No

Documentation is required for employment.

Has the individual ever been convicted of a misdemeanor (other than a parking violation) or felony?

☐ Yes ☐ No

If yes, explain: _____

Has the individual ever failed a drug test? ☐ Yes ☐ No

If yes, explain: _____

3. Medical Information

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

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Does the individual require any of the following medical equipment? (Check all that apply)

- ☐ Glasses ☐ Contact lenses ☐ Hearing aids ☐ Walker ☐ Cane ☐ Wheelchair
☐ Scooter ☐ Dentures ☐ Oxygen ☐ CPAP Machine (sleep apnea)
☐ 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 and Herbal Remedies

Medication	Dosage (times per day)	Original RX Date	Condition Being Treated	Most concerning side effects	Date

Does the individual currently receive services from a mental health service provider? ☐ Yes ☐ No

If yes, list the contact information:

Name of Provider: _____ Phone Number: _____

Address: _____
Street Address City State Zip Code

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If the individual has a serious medical condition, do they have Medic Alert service and wear a bracelet or necklace with emergency information? ☐ Yes ☐ No

If yes, indicate the medical condition: _____

4. Social Security

Does the individual receive Social Security benefits? ☐ Yes ☐ No

If yes, indicate which benefits:

- ☐ Supplemental Security Income (SSI) ☐ Social Security Disability Insurance (SSDI)
☐ Social Security Disability Insurance for Disabled Adult Children (SSDAC)

Does the individual currently have a work incentive plan? ☐ Yes ☐ No

If yes, indicate which plan.

- ☐ Plan for Achieving Self Support (Pass) ☐ Impairment Related Work Expense (IRWE)
☐ Other: _____

5. Residential History

Family profile: (parent/guardian, siblings, aunts, uncles, grandparents, etc.):

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

6. Relationships with Family Members, Community Members and/or Key Individuals

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

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7. Communication Skills

What is the individual's primary mode of communication? (Provide details whenever possible)

Verbal skills:

Does the individual use Sign Language? ☐ Yes ☐ No

If yes, indicate preferred mode: ☐ ASL ☐ PSE ☐ Strong English ☐ Mouthing

Communication Device: _____

Other:

Receptive Communication Preference: (Check the most appropriate answers)

- ☐ Kinesthetic, learns best via hands on practice ☐ Visual, follows visual organizers
☐ Visual, follows written directions ☐ Good listener, follows verbal directions

Comments: _____

Expressive Communication:

- ☐ Prefers to listen ☐ Prefers to talk
☐ Prefers to move around ☐ Prefers to touch things

Comments: _____

Handling Criticism/Stress:

- ☐ Resistive argumentative ☐ Withdraws into silence
☐ Accepts Criticism does not change behavior ☐ Accepts criticism changes behavior

Comments: _____

Interactions 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: _____

8. Physical Skills and Related Information (Check the most appropriate answer, and provide details when possible)

Strength, Lifting, Carrying:

- ☐ Less than 10 pounds ☐ 10-20 pounds ☐ 30-40 pounds ☐ 50 pounds

Comments: _____

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Endurance:

- ☐ Works less than 2 hours ☐ Works 2-3 hours ☐ Works 3-4 hours ☐ Works more than 4 hours

Comments: _____

Orienting:

- ☐ Small area only ☐ One room ☐ Several rooms ☐ Building and Grounds

Comments: _____

Physical Mobility:

- ☐ Sit/stand in one area ☐ Fair ambulation ☐ Handles stairs ☐ Full physical ability

Comments: _____

Appearance:

- ☐ Unkempt, poor hygiene ☐ Unkempt, clean ☐ Neat/clean, unmatched clothing
☐ Neat/clean, matched clothing

Comments: _____

9. Vocational Skills

Computer Skills: (Check all that apply)

- ☐ Word ☐ Excel ☐ PowerPoint ☐ Internet navigation ☐ Computer Games
☐ Ability to type ☐ Can use standard keyboard ☐ Other: _____

How many words per minute can the individual type? _____

Comments: _____

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

List any certifications or licenses: _____

Start Date: _____ Expiration date: _____

10. Work Skills and Behaviors (Check the most appropriate answers)

Independent Work Rate:

- ☐ Slow pace ☐ Steady/average pace ☐ Above average pace ☐ Continual fast pace

Comments: _____

Attention to Task and Perseverance:

- ☐ Frequent prompts ☐ Intermittent prompts, high supervision
☐ Intermittent prompts, low supervision ☐ Infrequent prompts, low supervision

Comments: _____

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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 with adaptations

Comments: _____

Initiative/Motivation:

- ☐ Avoids next task ☐ Waits for direction or prompting
☐ Sometimes volunteers ☐ Always seeks work

Comments: _____

Adapting to Change:

- ☐ Rigid routine required ☐ Adapts but with difficulty
☐ Adapts with some difficulty ☐ Adapts to change easily

Comments: _____

Reinforcement Needs: (Amount typically required to learn and participate)

- ☐ Frequent reinforcement required ☐ Intermittent daily sufficient
☐ Infrequent weekly sufficient ☐ Pay check is sufficient

Comments: _____

Discernment Skills:

- ☐ Cannot distinguish between work supplies
☐ Distinguishes between work supplies with external cues
☐ Can distinguish between work supplies
☐ Independently gathers supplies and set-up work station

Comments: _____

Takes Directions from People in Authority:

- ☐ Refuses to take directions ☐ Takes direction with prompting
☐ Takes direction most of the time ☐ Very willing to take direction

Comments: _____

11. Education, Training and Academic skills

Name of High School and year of graduation, GED or diploma earned and (if individual did not graduate, list last grade completed):

Name of Career Tech/Trade Schools attended, year of completion, field of study and certificates earned:

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Name of College(s) attended, years completed or year of graduation, field of study, and degree(s) earned:

List any other post-secondary training completed (computer training, driver's education, etc.):

(Check the most appropriate answers)

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: _____

Functional Reading:

- ☐ None ☐ Sight words and/or symbols ☐ Basic reading up to 3rd grade
☐ 3rd grade level and above

Comments: _____

Functional Math:

- ☐ None ☐ Simple counting
☐ Simple addition and/or subtraction ☐ Computation Skills

Comments: _____

12. Learning and Performance Characteristics (Multiple Intelligences)

Evidence of logical/mathematical intelligence (prefers order, dislikes chaos and change, looks for patterns and regularity, etc.):

Evidence of spatial abilities (Arts, and crafts skills, artistic abilities, spatial abilities, etc.):

Evidence of physical coordination (Good at sports, dancing, gross or fine motor skills, etc.):

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Evidence of musical skills (memorizes words to songs, has good rhythm, other musical ability):

Evidence of people skills (Can read other people's motives, intentions, body language):

Evidence of self-smart skills (Is self-directed, makes good decisions based on personal needs):

Evidence of nature skills (Is good with plants and animals, etc.):

Evidence of word smarts (Good reader, listener, speaker, or writer. Makes jokes, puns, tell stories, etc.):

13. Community Information

Describe the individual's neighborhood (Single family homes, apartments, parks, etc.):

Location of neighborhood in community (Downtown, suburb, country area, etc.):

Services/shopping near home:

Transportation availability (Bus routes, etc.):

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Availability of employment sites near home:

14. Transportation (Check the most appropriate answer)

Getting to Work:

- ☐ Provides own transportation (bike, car, walk, etc.) ☐ Uses public transportation
☐ Family or friend will provide the transportation ☐ Other: _____

Comments: _____

Independent Street Crossing:

- ☐ None ☐ Crosses 2 lane street, without light
☐ Crosses 4 lane street, with light ☐ Crosses 4 lane street, without light

Comments: _____

Travel Skills:

- ☐ Requires bus training ☐ Uses bus independently
☐ Uses bus, car and makes transfers ☐ Makes own travel arrangements

Comments: _____

Interactions with Strangers:

- ☐ Initiates conversations with strangers ☐ Speaks to strangers when approached
☐ Speaks to strangers occasionally ☐ Does not speak to strangers

Comments: _____

15. Work Experience

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

Informal work performed at home (things individual is not expected to do):

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

Sheltered employment or structured work experiences:

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Volunteer work:

--

Letters of reference from former employers (Retain copies in file):

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17. **Paid Employment History** (List most current employer first)

Name of Company:	Address, City, State, Zip:	Job Title and Duties:
Dates of Employment:	Reason for Leaving:	Reference Letter:

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Name of Company:	Address, City State, Zip:	Job Title and Duties:
Dates of Employment:	Reason for Leaving:	Reference Letter:

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18. References for Employment

Name of Reference:	Address:	Relationship to Individual:

19. Community Participation and Recreation

List community and recreation activities the individual has participated in on a regular basis.		
Activity or Group:	Location:	Frequency:

20. Life Activities and Experiences

Individualized life activities performed at home:

--

Individualized life activities performed in the community:

--

Structured group activities performed in the home:

--

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Structured group activities performed in the community:

Current specific activities which are regularly participated in and which are important to the individual:

Past specific activities which were of significance:

List specific events and activities the individual looks forward to each year (include holidays, traditions, vacations, and other such activities:

SECTION 2 – DISCOVERY AND PERSONAL PREFERENCES

21. Skills, Gifts, and Strengths

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

List any awards or recognitions:

Comments: _____

22. Work Environment Preferences (Environmental conditions the individual likes the best)

(Check the most appropriate answer, and provide details when possible)

Level of Interaction Preferred:

☐ Prefers to work alone

☐ Is a dependent worker

☐ Is a collaborative worker

☐ Is an independent worker

Comments: _____

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Sound Level Preferred or Tolerated:

- | | |
|---|--|
| ☐ Requires a quiet environment | ☐ Tolerated noise (cars, traffic, machines) |
| ☐ Music is tolerated and enjoyed | ☐ People talking is acceptable |

Comments: _____

Lighting:

- | | | | |
|--|------------------------------------|--|--|
| ☐ Bright Lights | ☐ Low Light | ☐ Sunlight (outdoors) | ☐ Light does not matter |
|--|------------------------------------|--|--|

Comments: _____

Environments to be avoided:

23. Vocational Preferences (Check the most appropriate answer)

Work Availability:

- | | | | |
|---|---|--|--|
| ☐ Will work weekends | ☐ Will work evenings | ☐ Will work part-time | ☐ Will work full-time |
|---|---|--|--|

List preferred work hours:

What is individual's dream job? _____

Type of work individual wants to do: _____

24. Accommodations

Accessibility assistance, rehabilitation technology, personal care requirements:

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

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

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Behavior challenges:

Degree and type of negotiation required:

Other information and comments:

25. Vocational Profile Development

Staff Member and agency completing and updating this profile	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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Additional people contributing to profile:

Person providing information and relationship to the individual	Contact Number/Email	Date Provided