Comprehensive Vocational Profile

Contractor Name:_____ Contract Type:_____

SECTION 1 - CURRENT INFORMATION

1. Identification Information

Individual's Name: _____ DOB:_____
mm/dd/yy

Participant ID # (for Mental Health Only):_____

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 Name: _____ 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*

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: _____

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: _____

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: _____

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:

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.):

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.):

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:

Volunteer work:

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

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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Dates of Employment:	**Reason for Leaving:**	**Reference Letter:**

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:

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 collaborative worker
- ☐ Is a dependent worker
- ☐ Is an independent worker

Comments:_____

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.):

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

EC Name:_____ Date:_____