

# PATHWAY TO EMPLOYMENT



Name: \_\_\_\_\_ TABS ID #: \_\_\_\_\_

## FORM 5 - ACTION PLAN FOR PATHWAY TO EMPLOYMENT SERVICES

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**PURPOSE:** This section is completed **after the initial file review worksheets, interview worksheets and program, community and home observation worksheets are completed.** This evaluation form combines the information collected to date in order to develop the next steps for career development including volunteer work to assess career interest and skills, community-based work assessments, career interest assessments, job-readiness classes, etc. The Action Plan needs to be developed by the individual, their family and support team. Approximately 6 hours including team meeting.

**Prepare the summary (pages 1 and 2) prior to the support team meeting.**

List the individual's top 3 areas of potential career interests?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are the person's top 3 skills/strengths?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List the 3 biggest challenges the person may experience in community employment?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Which instructional strategies work best for the person?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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Briefly summarize the person's employment and work experience history:

Business Name	Work Title	Duties	Dates Employed	Reason for Leaving

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The Pathway to Employment staff should meet with the individual, family and their support team to discuss which career development and based work experience activities will be implemented and who will be responsible for their implementation.

Date met with the person and their support team to discuss the Action Plan: \_\_\_\_\_

Attendees Names:	Affiliation:	Attendees Names:	Affiliation:

Based on the initial file review, interviews and observations choose **4 or more vocational** community-based work assessments through volunteer work or situational assessments.

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

Based on the initial file review, interviews and observations **choose 2 or more activities** to further explore interests and build work skills.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Career Interest Assessment Tools   | <input type="checkbox"/> Job Shadowing                  | <input type="checkbox"/> Other (List): _____ |
| <input type="checkbox"/> Job-Readiness Classes              | <input type="checkbox"/> Vocational Skill Classes       |  |
| <input type="checkbox"/> Researching Career Options         | <input type="checkbox"/> Interviewing Business Managers |  |
| <input type="checkbox"/> Resume and/or Interviewing Classes | <input type="checkbox"/> Benefits Counseling            |  |

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### Meeting Agenda:

Community Based Volunteer Work and/or Situational Assessment (as chosen above)	Which service/person will implement each activity? (PV, DH, Pathway, SEMP, Residential, Family, etc.) List Name and Program:	Where will the activity take place?	Purpose of Activity

Other Career Development Activities (as chosen above)	Which service/person will implement each activity? (PV, DH, Pathway, SEMP, Residential, Family, etc.) List Name and Program:	Where will the activity take place?	Purpose of Activity

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Works Skills to Develop and/or Improve (as needed)	Which service/person will implement each activity? (PV, DH, Pathway, SEMP, Residential, Family, etc.) List Name and Program:	Where will the activities take place?	Purpose of Activity
Greets others and engages in conversation appropriate for work.			
Asks questions when needs assistance			
Transportation skills			
Attention to task / productivity			
Completes work to quality expectations			
Attendance and reliability			
Responds positively and timely to changes in routines			
Hygiene and dress appropriate to work atmosphere			
Manages conflict in a calm manner seeking assistance when needed			
Benefits Counseling			

Completed by (print name): \_\_\_\_\_ Date: \_\_\_\_\_

Completed by (signature): \_\_\_\_\_ Agency Name: \_\_\_\_\_