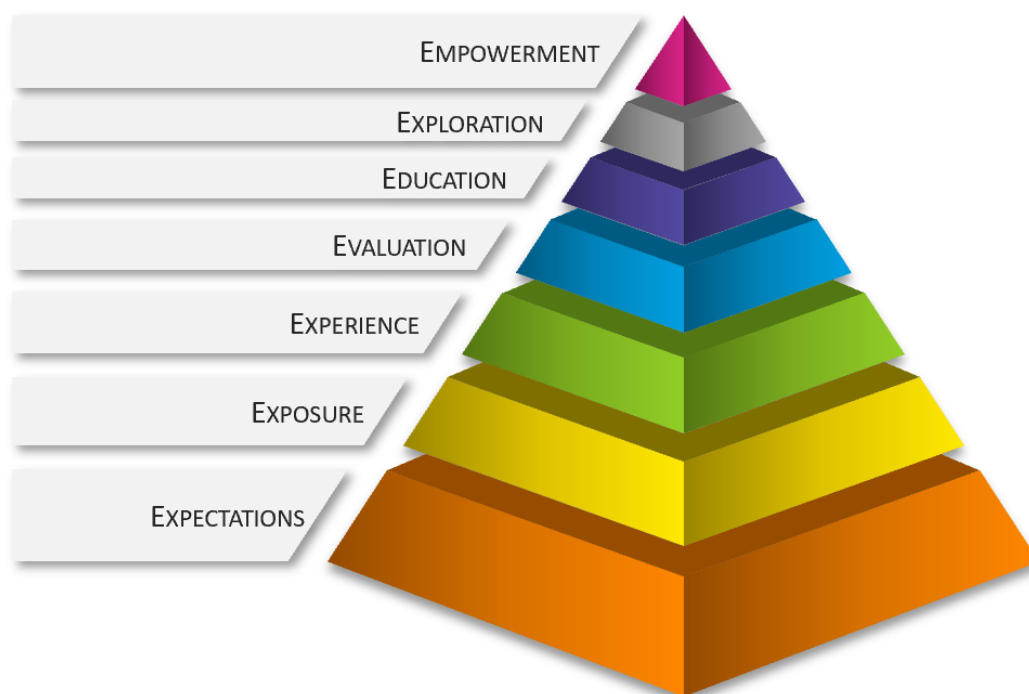


# DISCOVERY: ASSESSMENT AND PLANNING WEBINAR—WORKBOOK

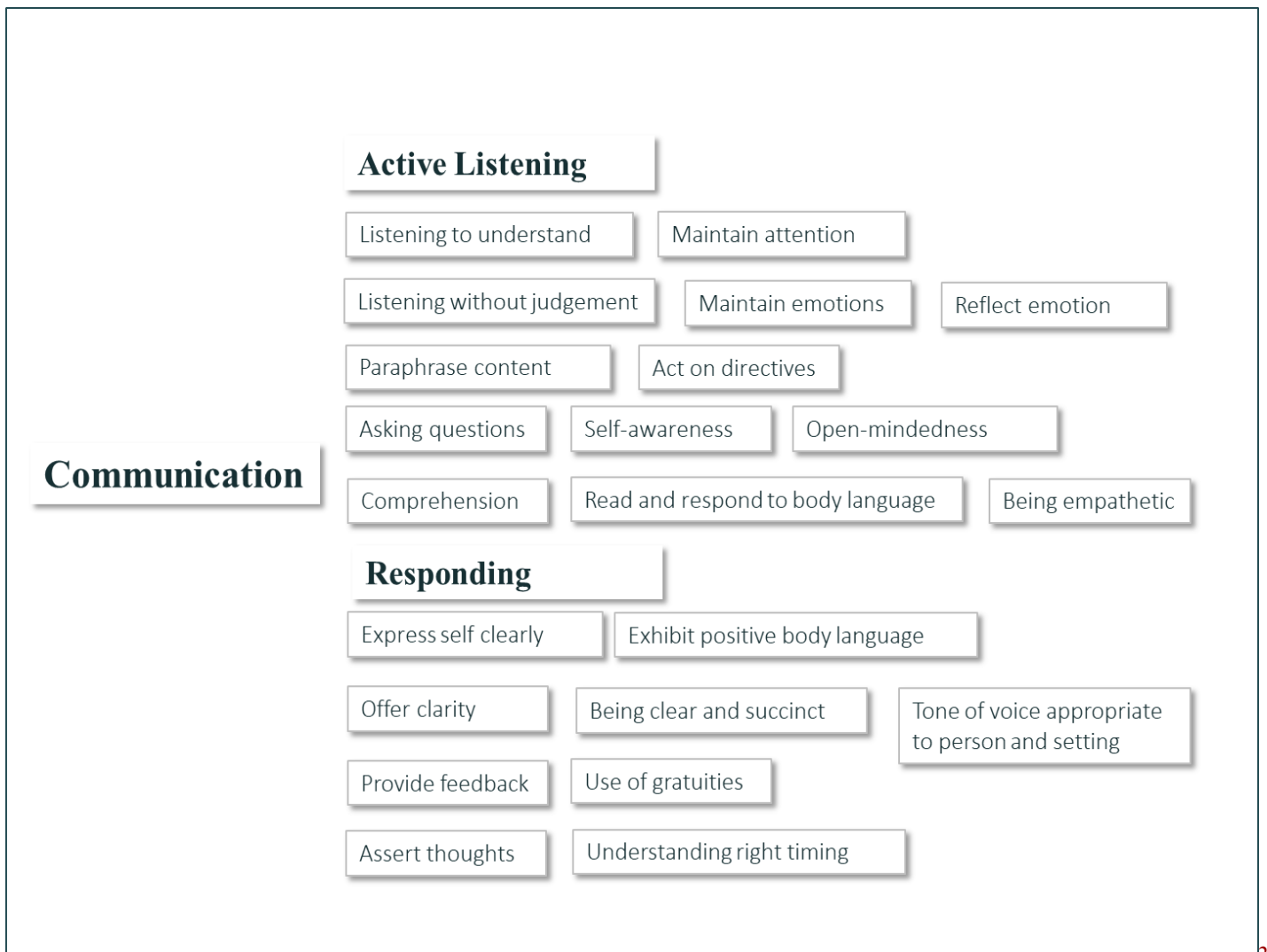


Innovations in Employment Supports

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(5850 340-2051)

Hard Skills	Soft Skills
<b>Hard skills are specific, teachable and measurable abilities that are able to be quantified.</b>	<b>Soft Skills are a set of personality traits, social style, personal habits and demeanor that influence people to varying degrees.</b>
<b>Use a computer</b> —i.e. key board, internet, email, Microsoft Office	<b>Communication</b> —Active listening, asking questions, giving feedback, using clear language, aware of body language, tone of voice
<b>Use different tools</b> —Hammer, drills, saw, screw driver	<b>Work ethic</b> —Staying on task, arriving on time, helping others, taking initiative, following directions
<b>Cook</b> —Operate hand mixer, stove, grater, knives, identify ingredients, set timer	<b>Time Management</b> —Prioritize tasks, sense of time (minutes, hours, weeks, etc.), organization
<b>Clean</b> —Mop/sweep floor, use cleaning chemicals appropriately, wash windows, operate buffer	<b>Adaptability</b> —Accept change, be resourceful, use coping skills, be positive



## FUNCTIONAL VOCATIONAL ASSESSMENT

<b>1. Individual Preferences</b>	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?	
<b>2. Individual Strengths</b>	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	
<b>3. Work History</b>	A. Where has the person worked before?
	1. Type of business
	2. Tasks performed
	3. Transportation, hours, salary
	4. Level of support provided
	5. How long employed?
	6. Reason for leaving
	7. Relationships established
	B. Were past jobs good matches for the person? Why or why not?

## FUNCTIONAL VOCATIONAL ASSESSMENT

### 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 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.

## FUNCTIONAL VOCATIONAL ASSESSMENT

<b>5. Follow Directions</b>	A. If the person is able to read, can s/he follow simple written directions to complete a task?
	B. If the person is unable to read, can s/he “read” sequential pictorial directions to complete a task?
	C. Is the person able to follow more than 1-step verbal directions? 2-steps? 3--steps?
	D. Does the person understand basic spatial concepts (e.g., in, on, under, next to, left/right, in front of, etc.)?
<b>6. Behavior</b>	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?	
<b>7. Learning Style</b>	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

## FUNCTIONAL VOCATIONAL ASSESSMENT

<b>8. Social Skills/Interactions</b>	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?
	E. Does the person like to be around people or would she/he prefer to be alone most of the time?
	F. What social networks does the person currently have?
<b>9. Communication</b>	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?

## FUNCTIONAL VOCATIONAL ASSESSMENT

<b>10. Work Endurance</b>	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?
<b>11. Medical/Physical Status and Management</b>	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.
<b>12. Orientation/Mobility</b>	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.).

## FUNCTIONAL VOCATIONAL ASSESSMENT

<b>13. Fine and Gross Motor Coordination Skills</b>	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).
<b>14. Work-Related Skills/Concerns</b>	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 en-route to work?).
<b>15. Transportation Needs</b>	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?



## FUNCTIONAL VOCATIONAL ASSESSMENT

<b>16. Current Financial Information and Concerns</b>	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?).
<b>17. Special Considerations/ Support Needs (Long and Short-term)</b>	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?	

Discovery:  
Assessment and Planning  
Session 2

## Exercise—Completing an Observation

Name:

Date:

Location of Observation:

Length of Time:

1. Skills/Transferrable Skills

2. Passions

3. Dislikes

4. Challenges/  
Frustrations

5. Preferred learning style(s)

6. Possible support needs

7. Work culture considerations

8. Anything to avoid?

9. Where would you want more assessment?

<b>ENTRY EMPLOYABILITY STANDARD (EES)</b>		Name: _____	Date: _____
<b>SITUATIONAL ASSESSMENT</b>		Worksite: _____	Job/Tasks: _____
Level of support provided: _____			
<b>Accountability Reliability Responsibility</b>	<input type="checkbox"/> Refuses to complete task given	<input type="checkbox"/> Completes less than _____ of the tasks with proficiency	<input type="checkbox"/> Completes all tasks given with proficiency
	<input type="checkbox"/> Missed more than 1 work training opportunity	<input type="checkbox"/> Missed 1 training opportunity but did not call	<input type="checkbox"/> Attends all assigned training opportunity
<b>Attendance</b>	<input type="checkbox"/> Never demonstrates a positive attitude about work	<input type="checkbox"/> Rarely demonstrates a positive attitude about work	<input type="checkbox"/> Demonstrates a positive attitude about all work situations
<b>Attitude</b>	<input type="checkbox"/> Does not communicate needs/wants	<input type="checkbox"/> Communicates needs/ wants, but not in an appropriate manner	<input type="checkbox"/> Consistently communicates all needs/wants in appropriate manner
<b>Self-advocacy Communication Social Behavior</b>	<input type="checkbox"/> Chooses to not follow worksite dress code	<input type="checkbox"/> Follows dress code inconsistently	<input type="checkbox"/> Follows dress code with prompting
<b>Dress/Attire</b>	<input type="checkbox"/> Visibly dirty, needs major grooming and/or has an offensive odor	<input type="checkbox"/> Visibly dirty, needs minor grooming and/or has an offensive odor	<input type="checkbox"/> Clean, well-groomed and has no odor
<b>Hygiene</b>	<input type="checkbox"/> Never follows job site policies	<input type="checkbox"/> Rarely follows jobsite policies	<input type="checkbox"/> Inconsistently follows jobsite policies
<b>Jobsite Policies</b>	<input type="checkbox"/> Not honest in many situations—cannot be trusted	<input type="checkbox"/> Only honest when closely monitored and prompted	<input type="checkbox"/> Generally honest but may need prompting
<b>Honesty</b>	<input type="checkbox"/> Never willing to switch tasks & does not make transitions	<input type="checkbox"/> Switches tasks and only makes transitions with repeated prompts	<input type="checkbox"/> Willing to switch tasks when asked and transitions without prompts
<b>Flexibility</b>	<input type="checkbox"/> Never cooperates & does not work well with others	<input type="checkbox"/> Seldom cooperates & rarely works well with others	<input type="checkbox"/> Always cooperates & works well with others
<b>Cooperation/Team Player</b>			

<b>Initiative</b>	<input type="checkbox"/> Never starts a task independently	<input type="checkbox"/> Rarely starts a task independently	<input type="checkbox"/> Most often starts a task independently	<input type="checkbox"/> Always starts a task independently
<b>Problem Solving</b>	<input type="checkbox"/> Does not attempt to come to a solution independently	<input type="checkbox"/> Attempts to come to a solution independently when prompted	<input type="checkbox"/> Attempts to come to a solution independently, but may require assistance	<input type="checkbox"/> Comes to a solution independently
<b>Respect</b>	<input type="checkbox"/> Does not demonstrate respect for self or others	<input type="checkbox"/> Demonstrates respect for self or others with repeated prompts	<input type="checkbox"/> Demonstrates respect for self and others with few prompts	<input type="checkbox"/> Independently demonstrates respect for self and others
<b>Self-esteem</b>	<input type="checkbox"/> Does not demonstrate confidence in abilities	<input type="checkbox"/> Seldom demonstrates confidence in abilities	<input type="checkbox"/> Sometimes demonstrates confidence in abilities	<input type="checkbox"/> Demonstrates confidence in abilities
<b>Vocational Capacity</b>				
The Vocational Capacity assessment identifies the individual's ability to carry out the required tasks of the job. Indicate which factor or factors are required to perform a specific job/task function. Please note in the comment section the client's performance and any accommodations which may be needed.				
<b>Standing</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Walking</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Sitting</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Driving</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Lifting</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (above the waist, below waist, pounds)</b>				
<b>Carrying</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (pounds, distance)</b>				
<b>Pushing</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (Pounds)</b>				

<b>Pulling</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (pounds)</b>				
<b>Climbing</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (ladders, stairs, ramps, poles)</b>				
<b>Balancing</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Stooping</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Kneeling</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Crouching</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Reaching</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (overhead, chest level)</b>				
<b>Gross Motor Skills</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Fine Motor Skills</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Communication</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (oral/verbal, gestural, signing)</b>				
<b>Hearing Required</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (regarding coworkers, phone, public)</b>				

<b>Exposure to weather</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Exposure to cold temps.</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Exposure to hot temps.</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Exposure to wet/humid</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Noise intensity level</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Vibration</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Atmospheric conditions</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments (odor, dust, mist, gas, fumes)</b>				
<b>Mechanical parts hazard</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				
<b>Other environmental cond.</b>	<input type="checkbox"/> Not present	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant
<b>Comments</b>				





Name: *Mary Smith*

TABS ID #: 1234567

**WORKSHEET – INTERVIEW WITH INDIVIDUAL – FORM 3a**

(Page 1 of 4)

**PURPOSE:** Interviewing the person is helpful to get a snapshot of their current schedule/services and obtain their perspective on past employment/volunteer experiences. Some of the questions 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 2 hours.

1. Please tell us a little bit about yourself:

*Mary had difficulty with this question. Asked Mary specific questions about her life. Reports she lives with her parents and 2 younger siblings. She has a dog named Bark and he is her favorite part of home. Mary states she enjoys going to friend's house because she just had a baby and she lets Mary help her. Mary states that she goes on vacation with her family every year to Florida and they go to Disney World.*

2. What are your strengths?

*Asked Mary what she was really good at doing and she stated helping her friend take care of her new baby. She is also good at training her dog to do tricks. Mary states that she helps her mother in the kitchen and she is good at cutting vegetables and frosting cakes. Mary goes to yoga every week in the park and states she is getting better and enjoys going.*

3. What are your weaknesses?

*Asked Mary what she struggles with that she doesn't care about. Mary states she doesn't like cleaning and doesn't care about being a good housekeeper. She said that her mother has a lady come clean once a week and that's what she will do when she gets her own house. Mary said she is not good reading and writing but states "I get by." Asked Mary what she struggles with that she would like to do better with. She states that she is not good with budgeting her money and her mother helps her. She states this is important if she's going to live on her own one day. Mary states that she gets "too mad" at people and yells at them. She states that she doesn't want to do that because she always gets in trouble. Mary states she can't ride a bike or drive and would like to learn both so that she didn't have to walk everywhere. Mary would also like to learn to take the bus. She states she gone on the bus before with her mother and thinks she could learn it. States her mother won't let her go alone.*

Name: *Mary Smith*

TABS ID #: 1234567

4. What are your likes/dislikes?

*Mary likes to go to the movies and enjoys going bowling with her friend. She states she doesn't get to go bowling much anymore because her friend had a baby and she spends more time there, but she still likes bowling. Mary states she likes doing hair and makeup too and sometimes her sister and mother will let her do them. Mary states she does not like when people talk about her and this makes her mad. She does not like cleaning or sitting around. Mary states that she likes to be busy and often gets in trouble when there isn't work to do.*

5. Have you ever volunteered before? If so, please tell us about your experience(s):

*Mary states she volunteered for a farm while in high school. States she really liked it and learned how to plant vegetables and grow them. Mary states she volunteers at Meals on wheels now but doesn't like it too much. She states that she likes talking to people and she doesn't get to do that too much with this job. She also volunteered at the Red Cross and said that was her favorite job after the farm. She states she "blew it" there because J.S was talking about her and it made her mad and she started yelling and this upset the people giving blood. She wants to go back but they won't let her. She states she liked that job best because she met a lot of people who were really nice and she got to give them cookies and juice.*

6. What did you like/not like about your volunteer experience(s)?

*States that meals-on-wheels is boring, and she doesn't like going in the winter because she has to walk through the snow and its cold outside. She states that she doesn't get time to talk to the old people because staff are always rushing her. Mary states the farm was fun and the only part she didn't like was that it was a long ride there.*

**This is a SAMPLE Interview only**

## Exercise—Functional Vocational Assessment

**Considering the following scenarios; identify and create ways in which you can create a situational assessment to answer your questions.**

You are supporting Sam, who would like to work at a large grocery store in his neighborhood. Sam’s main interest is in cashiering. You do not have any information about Sam’s ability with money handling.

Take 2 minutes to reflect to “4.C money skills” in the Functional Vocational Assessment and generate some ideas on what you would do to create a situational assessment to answer your questions about Sam’s money skills.

When you have some ideas, type into the chat box.

Possible Situational Assessments:

You are supporting Monica, who attends CBPV. Monica’s volunteer position is cleaning kennels at the SPCA. She does not care for this job and her work and speed are below expectations.

Monica would like to work at a hospital as a dietary aide. The responsibilities of a dietary aide require the employee follow directions carefully.

Take 2 minutes to reflect to “5. Following Directions” in the Functional Vocational Assessment and generate some ideas on what you would do to create a situational assessment to answer your questions about Monica’s capacity to follow direction.

When you have some ideas, type into the chat box.

Possible Situational Assessments:

# DISCOVERY SELF-CHECK

---

## DURING DISCOVERY

### THE SITE:

- Are the assessment sites individualized?
- Is this a business that interests the person and where useful information can be gathered?
- Is the site being used as a temporary assessment site, not for a permanent placement?

### THE ASSESSMENT:

- Is the assessment being done with appropriate staffing?  
*Be cautious of using too many group assessments during the discovery process.*
- Are the assessments being arranged and completed in timely manner?
- Is the time allotment scheduled and balanced to permit the individual's ability to be assessed in different opportunities and with different work experiences?
- Are the opportunities for exploration allowing the individual to discover their skill sets?  
*More assessment opportunities will make it easier to discover people's strengths and weaknesses.*
- Does the assessment site allow for the observation of different general employment skills to make best use of time there?  
*(Ex: communication, verbal & written response to constructive criticism, flexibility etc.)*
- Will the situational assessment(s) last more than one hour and over several days?
- Will the situational assessment(s) capture what the person enjoys doing and is able to do?

## AFTER

### THE DISCOVERY PROCESS:

- Have all the Discovery questions been completed?
- Have you learned something new about the individual, especially if it is someone who has been with the organization for a length of time?
- Was the assessment completed with the intent to fully discover the individual?
- Were the preferences that the trainee expressed during discovery, taken into account?

### THE DOCUMENTATION:

- Does the report have clear, declarative sentences about observations?
- Do the observations provide enough information to allow the best opportunity for exploration and informed decision making for the individual?

### **THE DISCOVERY REPORT:**

- Have conversations with the team been ongoing and meaningful?
- Does information or themes seem repetitive?

*Ensure recurring themes are due to assessments resulting in similar conclusions.*

- Does the Discovery report contain professional responses with the understanding that many people may review this document?

*Be cautious of using text speak, emoji symbols, abbreviations, etc.*

### **QUALITY CHECK:**

- Have you read this report with objectivity?
- Is the recommendation supported by the information provided in the report?
- Do the statements describe observations?

*Be cautious of subjective observations that are not supported by the assessment.*

- Are the results of the assessment written using clear and descriptive language?
- Are the results of the assessment consistent, with explanations for contradictions in findings?
- Do the recommendations include suggestions for the types of services and supports that will assist the person to get and keep a job?
- Are reports being written and submitted correctly and in a timely fashion to ensure continuity of services?

