



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

SEMP Agency: \_\_\_\_\_ DDRO: \_\_\_\_\_

Date Discovery Started: \_\_\_\_\_ Date Report Completed: \_\_\_\_\_

**PURPOSE:** To gather information relevant to employment and analyze and synthesize this information into a recommendation for meeting the individual’s career and vocational goals. Discovery through **Exposure, Exploration Experience, Evaluation, Education, and Empowerment** will also prepare the individual for competitive employment.

The Discovery Report and recommendation must be completed and then **reviewed and approved by your supported employment services management**. After the Discovery Report has been reviewed and approved by your Supported Employment Manager, please forward it to the ETP Supervisor.

If job development is authorized by the ETP Supervisor, a Job Developer can use this information to develop a job that matches the individual’s skills and abilities. If other services are recommended, the support team can use this information to coordinate services that will help the individual achieve their employment goals.

DISCOVERY ACTIVITY	MINIMUM EXPECTED HOURS	RECOMMENDED HOURS	ACTUAL HOURS PROVIDED
Review of Records	4	4-6	_____
Interviews of the Individual, Support Staff, Family, and Friends	4	6-8	_____
2 Observations of the Individual	4	6-8	_____
Individualized Assessment Site Development	2	2-6	_____
2 Community-Based Experiences / Situational Assessments (min 12 hours each)	24	24-40	_____
Discovery Report Findings	1	1-2	_____
Career Research	2	4-6	_____
Recommendation, Review, and Approval	1	1-2	_____
Other (Communication, Travel Time, Documentation, Planning Meetings)	13	15-25	_____
<b>TOTAL</b>	<b>55</b>	<b>65-90*</b>	_____

*\*Additional hours may be authorized by an ETP Supervisor if justified.*



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **1. REVIEW OF RECORDS**

**PURPOSE:** To obtain, review, and summarize documented information from the services the individual is currently receiving or has previously received. Records contain valuable information about an individual's background, progress, skills, abilities, preferences, experiences, and support needs. Researching this information will help determine the individual's ability to obtain and/or maintain employment.

**INSTRUCTIONS:** Check off each item reviewed in the list at the top of the Review of Records Worksheet and complete each section as records are reviewed. **Documents marked with \* are required. Documents marked with \*\* are required if the individual is currently enrolled in the service or was enrolled in the last 3 years.** Note all information that is relevant to obtaining or maintaining employment. Additional comments may be included separately if needed. Label additional comments with specific page numbers and questions.

A thorough review of records requires **4-6 Hours**; some of these hours may be used in obtaining them.



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## REVIEW OF RECORDS WORKSHEET

Documents marked with \* are required. Documents marked with \*\* are required if the individual is currently enrolled in the service or was enrolled in the last 3 years.

### RECORDS OBTAINED AND REVIEWED:

- \*Life Plan Dated: \_\_\_\_\_
- \*Psychological Report Dated: \_\_\_\_\_
- Adaptive Behavior Scale
- IPOP (if applicable)
- \*\*School Records / IEP
- \*\*Day Habilitation
- \*\*Prevocational
- \*\*Community / Residential Habilitation
- \*\*OPWDD Supported Employment (SEMP)
- \*\*ACCES-VR

### LIFE PLAN / PSYCHOLOGICAL / ADAPTIVE BEHAVIOR / IPOP RECORDS:

Diagnosis: \_\_\_\_\_ Full Scale IQ: \_\_\_\_\_

Reading Level: \_\_\_\_\_ Mathematical Skills: \_\_\_\_\_

Noted behaviors that could impact employment: *Attach Behavior Support Plan if applicable*

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Physical, Medical, and Mental Health needs:

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Other factors that could impact employment:

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Reviewed the individual's Life Plan Safeguards and IPOP for time alone in the community.

If time alone in the community is limited, describe conditions where the individual can be independent:

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Describe any plans to increase the individual's independence in the community:

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From the Life Plan, list valued outcomes related to employment:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Select current service type(s) listed in the Life Plan:

- |   |   |
|---|---|
| <input type="checkbox"/> Day Habilitation         | <input type="checkbox"/> Community Based Prevocational        |
| <input type="checkbox"/> Sheltered Workshop       | <input type="checkbox"/> Community / Residential Habilitation |
| <input type="checkbox"/> Site Based Prevocational | <input type="checkbox"/> Supported Employment (SEMP)          |
| <input type="checkbox"/> Other (specify): _____   |   |



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

**SCHOOL RECORDS / IEP: (if individual left school less than 3 years ago)**

Exit Date: \_\_\_\_\_ School: \_\_\_\_\_

Disability Classification: \_\_\_\_\_

Related Services: \_\_\_\_\_

Diploma / Credential: \_\_\_\_\_

1:1 Support / Aide

Yes  No

Extended School Year

Yes  No

Academic Performance:

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Student strengths / preferences / interests:

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Social Development:

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Management Needs / Support Needs in the Community:

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Transition Activities (attach Exit Summary if available):

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Briefly summarize the individual's SCHOOL RELATED work experiences:

Location/ Business

Tasks performed

Liked or Disliked

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

### DAY HABILITATION RECORDS:

Never Participated       Previously Participated       Currently Participating

List 3 Day Habilitation Staff Action Plan Goals:

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

List Service Specific Safeguards:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PREVOCATIONAL RECORDS:

If the individual is receiving or has received Prevocational Services, select all that apply:

Never Participated       Previously Participated       Currently Participating

Sheltered Workshop

Dates: \_\_\_\_\_ Provider: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Site Based

Dates: \_\_\_\_\_ Provider: \_\_\_\_\_

Est. # of Days/Week: \_\_\_\_\_ Location(s): \_\_\_\_\_

Paid     Unpaid

Reason for leaving: \_\_\_\_\_

Community Based

Dates: \_\_\_\_\_ Provider: \_\_\_\_\_

Est. # of Days/Week: \_\_\_\_\_ Location(s): \_\_\_\_\_

Paid     Unpaid

Reason for leaving: \_\_\_\_\_



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

List 3 Site-Based and/or Community Based Prevocational Staff Action Plan Goals:

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

List Staff Activities in support of the Plan:

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List Service Specific Safeguards:

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### **COMMUNITY / RESIDENTIAL HABILITATION RECORDS:**

Never Participated       Previously Participated       Currently Participating

List 3 Community and/or Residential Habilitation Staff Action Plan Goals:

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

### **OPWDD SUPPORTED EMPLOYMENT (SEMP) RECORDS**

Never Participated       Previously Participated       Currently Participating

Previous ETP Discovery      Year: \_\_\_\_\_      Outcome: \_\_\_\_\_

Previous Pathway to Employment Discovery      Year: \_\_\_\_\_      Outcome: \_\_\_\_\_

Previous Job Development      Outcome: \_\_\_\_\_

Working and being paid minimum wage or more       current       previous



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

### ACCES-VR SUPPORTED EMPLOYMENT RECORDS

Never Participated                       Previously Participated

Provider: \_\_\_\_\_

Dates active with ACCES-VR: \_\_\_\_\_

Reason for ACCES-VR Closure: \_\_\_\_\_

List services funded by ACCES-VR and their outcomes. Note any assessments, work experiences, job development with type of job, placements with location / dates, travel training, and reasons for closure:

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Has the individual completed any diagnostic vocational evaluations or other vocational assessments?

Yes    No                      If Yes, attach a copy of the report(s).

### BENEFIT INFORMATION

List the benefits that the individual currently receives (SSI, SSDI, SNAP, Section 8, OPWDD ISS):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Has the individual sought benefit advisement?

Yes    No    No Benefits





# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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If the individual has not sought benefit advisement, are they planning to?

Yes  No

If the individual has sought benefit advisement, where and when was it provided?

Location / Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Does the individual understand that earning money might impact their benefits?

Yes  No  No Benefits

Does the individual understand how and when to report their wages?

Yes  No  No Benefits

Who is responsible for supporting the individual with reporting their wages?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**VOLUNTEER / PAID EMPLOYMENT HISTORY (FROM ALL RECORDS):**

(Include information from experiences noted on pages 6-8)

Briefly summarize the individual's **VOLUNTEER** experiences:

(attach additional sheets as needed, also attach résumé if available)

<u>Business Name</u>	<u>Dates</u>	<u>Tasks</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly summarize the individual's **PAID EMPLOYMENT** history:

(attach additional sheets as needed, also attach résumé if available)

<u>Business Name</u>	<u>Dates</u>	<u>Tasks</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

What career development activities did the individual complete such as career assessments, job readiness classes, job shadowing, vocational classes, etc.? What were the results of those activities?

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Reviewer's additional comments after reviewing all records:

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

Date: \_\_\_\_\_



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **2. INTERVIEWS OF THE INDIVIDUAL, SUPPORT STAFF, FAMILY AND FRIENDS**

**PURPOSE:** To obtain various perspectives on the individual’s background, progress, skills, abilities, preferences, experiences, and support needs through discussion of these subjects with the individual and their stakeholders. Each perspective will provide information relevant to the individual’s ability to obtain and/or maintain employment.

**INSTRUCTIONS:** Interview the individual, Care Manager, family and/or friends that know them well, and at least one support staff from each service they currently receive. It is recommended to also interview support staff from services they previously received. Complete an Interview Worksheet\* for each interview. Interview Worksheets are provided in a separate document to be used as a guide. **Questions may be rephrased, omitted, or added as needed to obtain detailed information.** Compare the information gathered through all the interviews and summarize it in the Interview Summary Worksheet. Additional comments may be included separately if needed. Label additional comments with specific page numbers and questions.

*\*Completed Interview Worksheets may be requested by the ETP Supervisor.*

Each thorough interview requires **1-2 Hours**; recommended total interview time is **6-8 Hours**.



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## INTERVIEW SUMMARY WORKSHEET

INTERVIEWEE'S NAME	RELATIONSHIP	SERVICE PROVIDER - TYPE	DATE OF INTERVIEW
ETP Participant (required)	Self	N/A	
	Care Manager	Care Coordination	

**Answer Based on the information obtained during the interviews:**

List Potential Career Options mentioned by the interviewees:

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What connections or relationships do the interviewees have with businesses in these career areas?

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What are the environmental needs of the individual, as expressed by the interviewees?

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Describe any schedule or transportation constraints mentioned by the interviewees:

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Describe types and / or levels of supervision discussed by the interviewees:

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List 5 factors discussed during the interviews that could impact the individual’s ability to obtain and maintain employment: (family concerns, loss of benefits, hygiene, behavior, transportation, independence, etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Describe the individual’s independent activities in the community:

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List 3 new things that you learned about the individual through interviews:

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

Interviewer’s additional comments:

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

Date: \_\_\_\_\_



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **3. OBSERVATION OF THE INDIVIDUAL**

**PURPOSE:** To obtain information about the individual’s interests, motivators, interpersonal/soft skills, independence, behavior, physical ability, self-care skills, safety awareness, and support needs through direct observation. Observation will reveal information about how an individual reacts to various social and physical environments. This information can be related to how they might react to similar environments and the expectations found in employment.

**INSTRUCTIONS:** Directly observe the individual in a setting where they can demonstrate their full range of skills and abilities on preferred activities. **Observations cannot take place at the same locations as Situational Assessments.** Complete an “Observation of the Individual Worksheet” for each Observation. Additional Observations and Worksheets may be completed if they are pertinent to the individual’s employment needs. Additional comments may be included separately if needed. Label additional comments with specific page numbers and questions.

Each thorough observation requires **2-4 Hours**; recommended total observation time is **6-8 Hours**.



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## OBSERVATION OF THE INDIVIDUAL WORKSHEET

**Refer to Instructions. Use one Worksheet for each Observation - 2 are required**

Location of Observation: \_\_\_\_\_

Describe the environment and circumstances of the Observation. Note such things as space, time of day, program, staffing, stimuli, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of Hours Observed: \_\_\_\_\_

Activities observed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How comfortable was the individual with the activities and the environment and why?

\_\_\_\_\_  
\_\_\_\_\_

How did the individual react to the activities and environment?

\_\_\_\_\_  
\_\_\_\_\_

Describe the individual's safety skills / environmental awareness:

\_\_\_\_\_  
\_\_\_\_\_



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Describe the individual's level of engagement and interest in the activities:

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What motivated or demotivated the individual and why?

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Describe how the individual overcame any obstacles / challenges during the Observation:

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Who supported the individual with the activities?

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What type(s) of support were provided? *Select all that apply*

- Verbal Prompts                       Written Prompts                       Picture / Media Prompts
- Visual Cues                               Modeling / Demonstration                       Hand-over-hand Support
- Other (specify): \_\_\_\_\_

What was the individual's response to each type of support?

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If the individual was unable to complete any of the activities, what prevented them from doing so?

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Personal hygiene:

No Concerns  Needs Improvement (describe): \_\_\_\_\_

Interaction with staff:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Interaction with peers:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Interaction with members of the community:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Describe the positive qualities observed that are transferrable to employment:

\_\_\_\_\_  
\_\_\_\_\_

Describe the challenges observed that could hinder employment:

\_\_\_\_\_  
\_\_\_\_\_

List 3 new things you learned about the individual through this observation:

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

Observer's additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## OBSERVATION OF THE INDIVIDUAL WORKSHEET

**Refer to Instructions. Use one Worksheet for each Observation - 2 are required**

Location of Observation: \_\_\_\_\_

Describe the environment and circumstances of the Observation. Note such things as space, time of day, program, staffing, stimuli, etc.:

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# of Hours Observed: \_\_\_\_\_

Activities observed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How comfortable was the individual with the activities and the environment and why?

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How did the individual react to the activities and environment?

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Describe the individual's safety skills / environmental awareness:

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Describe the individual’s level of engagement and interest in the activities:

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What motivated or demotivated the individual and why?

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---

Describe how the individual overcame any obstacles / challenges during the Observation:

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Who supported the individual with the activities?

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What type(s) of support were provided? *Select all that apply*

- Verbal Prompts                       Written Prompts                       Picture / Media Prompts
- Visual Cues                               Modeling / Demonstration                       Hand-over-hand Support
- Other (specify): \_\_\_\_\_

What was the individual’s response to each type of support?

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If the individual was unable to complete any of the activities, what prevented them from doing so?

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Personal hygiene:

No Concerns  Needs Improvement (describe): \_\_\_\_\_

Interaction with staff:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Interaction with peers:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Interaction with members of the community:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Describe the positive qualities observed that are transferrable to employment:

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Describe the challenges observed that could hinder employment:

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List 3 new things you learned about the individual through this observation:

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

Observer's additional comments:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **4. COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENTS**

**PURPOSE:** To collect information about an individual’s practical work performance by simulating a work environment at a location in the community that exposes them to realistic expectations in career areas they may enjoy. Supporting, observing, and assessing an individual participating in work activities in the community will allow individualized and objective evaluation of their interests, skills, and abilities. This will identify an individual’s motivators, learning style, and areas of support needs. Overall work performance depends on proficiency in multiple areas including, but not limited to; physical ability/stamina, academic ability, interpersonal/social skills, communication skills, problem solving, stress management, safety skills, and response to supervision, instruction, and support. The information collected can be directly related to the support the individual will benefit from to succeed in employment.

**INSTRUCTIONS:** Directly support, observe, and assess the individual participating in work activity in the community in at least two different locations, participating in at least two different types of work activity. This work activity should coincide with the career areas the individual is interested in. **Experiences/Situational Assessments cannot take place at the same locations as Observations.** Complete a “Community-Based Experiences/Situational Assessment Worksheet” for each Situational Assessment. Additional comments may be included separately if needed. Label additional comments with specific page and question numbers.

*Additional Situational Assessment(s) may be requested by the ETP Supervisor.*

Each thorough assessment requires **12-20 Hours**; recommended total assessment time is **24-40 Hours**.



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENT WORKSHEET

**Refer to Instructions. Use one Worksheet for each Assessment - 2 are required**

Name / Address of Location: \_\_\_\_\_

Type of Business: (Examples: Retail, Food Service) \_\_\_\_\_

# of Days: \_\_\_\_\_ # of Weeks: \_\_\_\_\_ # of Hours/Day: \_\_\_\_\_ Total # of Hours \_\_\_\_\_

Weekly Community-Based Experience/ Situational Assessment Schedule:

\_\_\_\_\_

TASKS ASSIGNED TO THE INDIVIDUAL / TYPE OF WORK COMPLETED	Liked or Disliked Task (L or D)	Accuracy of Completed Work (1-5) (5=most accurate)	Work Pace (1-5) (5=fastest)	Type(s) of Support (verbal, written, visual, modeling, hand over hand, other)	Level of Support (independent, occasional, intermittent, continuous)
1.					
2.					
3.					
4.					
5.					
6.					



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Select all vocational skill areas in which the individual was provided with any support:

- Hygiene / Grooming / Dress
- Productivity / Work pace
- Learning tasks
- Accuracy of completed work
- Professional interactions
- Following instructions
- Physical strength / agility / mobility
- Social interaction
- Managing stress / mental health
- Professional workplace behavior
- Following multiple steps
- Time management
- Taking initiative
- Adapting to distraction / Attention to task
- Adapting to changes in routine
- Physical / Mental stamina
- Troubleshooting problems / asking for help
- Communication (expressive / receptive)
- Responding to feedback / Accepting support
- Other: \_\_\_\_\_

List the areas where the individual needed the most support and describe the support that was provided:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Did the individual dress and groom to meet the expectations of the assessment site?

- Yes  No

If No, what were the areas for improvement?

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Did the individual keep conversation topics appropriate for a work environment?

- Yes  No

Provide examples of the individual's conversation topics:

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Did the individual arrive on time and ready to work at the start of each shift?

Yes  No

If No, why?

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Did the individual respond professionally to changes in routine or assigned tasks?

Yes  No

Describe how the individual responded to changes in routine or assigned tasks:

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Did the individual understand and respond professionally to requests from the site supervisor?

Yes  No  N/A

Requests from co-workers and/or customers?

Yes  No  N/A

Requests from vocational support staff?

Yes  No  N/A

Describe how the individual responded to requests from others:

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Did the individual interact professionally with the supervisor, co-workers, customers, and staff?

Yes  No

Describe the individual's interactions with others:

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Were any accommodations used to support the individual's communication with others?

Yes  No

If Yes, describe the accommodations that were used and the support that was provided:

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Describe accommodations or support provided due to physical limitations that enabled the individual to carry out the tasks they were assigned:

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If the individual demonstrated any money, reading, writing, math, or computer skills, list and describe how they demonstrated them:

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Describe environmental factors that impacted the individual’s vocational performance:

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What other skills, supports, or preparation might the individual need to be successful in the assessed career field?

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List 3 new things you learned about the individual through this assessment:

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

Assessor’s additional comments:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENT WORKSHEET

**Refer to Instructions. Use one Worksheet for each Assessment - 2 are required**

Name / Address of Location: \_\_\_\_\_

Type of Business: (Examples: Retail, Food Service) \_\_\_\_\_

# of Days: \_\_\_\_\_ # of Weeks: \_\_\_\_\_ # of Hours/Day: \_\_\_\_\_ Total # of Hours \_\_\_\_\_

Weekly Community-Based Experience/ Situational Assessment Schedule:

\_\_\_\_\_

TASKS ASSIGNED TO THE INDIVIDUAL / TYPE OF WORK COMPLETED	Liked or Disliked Task (L or D)	Accuracy of Completed Work (1-5) (5=most accurate)	Work Pace (1-5) (5=fastest)	Type(s) of Support (verbal, written, visual, modeling, hand over hand, other)	Level of Support (independent, occasional, intermittent, continuous)
1.					
2.					
3.					
4.					
5.					
6.					



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Select all vocational skill areas in which the individual was provided with any support:

- Hygiene / Grooming / Dress
- Productivity / Work pace
- Learning tasks
- Accuracy of completed work
- Professional interactions
- Following instructions
- Physical strength / agility / mobility
- Social interaction
- Managing stress / mental health
- Professional workplace behavior
- Following multiple steps
- Time management
- Taking initiative
- Adapting to distraction / Attention to task
- Adapting to changes in routine
- Physical / Mental stamina
- Troubleshooting problems / asking for help
- Communication (expressive / receptive)
- Responding to feedback / Accepting support
- Other: \_\_\_\_\_

List the areas where the individual needed the most support and describe the support that was provided:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Did the individual dress and groom to meet the expectations of the assessment site?

- Yes  No

If No, what were the areas for improvement?

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Did the individual keep conversation topics appropriate for a work environment?

- Yes  No

Provide examples of the individual's conversation topics:

---



---



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Did the individual arrive on time and ready to work at the start of each shift?

Yes  No

If No, why?

---

Did the individual respond professionally to changes in routine or assigned tasks?

Yes  No

Describe how the individual responded to changes in routine or assigned tasks:

---

---

Did the individual understand and respond professionally to requests from the site supervisor?

Yes  No  N/A

Requests from co-workers and/or customers?

Yes  No  N/A

Requests from vocational support staff?

Yes  No  N/A

Describe how the individual responded to requests from others:

---

---

Did the individual interact professionally with the supervisor, co-workers, customers, and staff?

Yes  No

Describe the individual's interactions with others:

---

---

Were any accommodations used to support the individual's communication with others?

Yes  No

If Yes, describe the accommodations that were used and the support that was provided:

---

---



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Describe accommodations or support provided due to physical limitations that enabled the individual to carry out the tasks they were assigned:

---

---

If the individual demonstrated any money, reading, writing, math, or computer skills, list and describe how they demonstrated them:

---

---

Describe environmental factors that impacted the individual’s vocational performance:

---

---

What other skills, supports, or preparation might the individual need to be successful in the assessed career field?

---

---

List 3 new things you learned about the individual through this assessment:

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

Assessor’s additional comments:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **5. DISCOVERY REPORT FINDINGS**

**PURPOSE:** To summarize the findings relevant to employment that were gathered during Discovery. This will consolidate information about the individual's strengths and support needs in a variety of vocational areas. Environmental preferences, transportation, work availability, supervision needs, and career options will also be identified in this section.

**INSTRUCTIONS:** Analyze the information gathered during Discovery and synthesize it into a summary that relates the findings back to vocational situations. Fill in all parts of the Discovery Report Findings Worksheet and refer to this information while completing the Career Research section.

A thorough summary of ETP Discovery Report Findings takes **1-2 Hours**.



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## DISCOVERY REPORT FINDINGS WORKSHEET

Comment on strengths and support needs in each area below:

**Physical / Medical / Mental Health / Stress Management:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_

**Communication and Social Interactions / Relationships:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_

**Focus / Attention to task:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_

**Productivity / Work Pace:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

**Safety / Environmental Awareness:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_

**Personal Grooming /Hygiene:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_

**Initiative / Motivation to Work:**

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_

**Other (specify):** \_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Support Needs: \_\_\_\_\_  
\_\_\_\_\_





# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

### Environmental Preferences:

- Outdoor Work
- Social Work Culture
- Consistent Tasks
- Limited Tasks
- Limited customer interaction
- Other (specify): \_\_\_\_\_
- Physical Work
- Limited Distractions
- Variety of Tasks
- Independent Work
- Co-workers able to redirect
- Sedentary Work
- Quiet Environment
- Routine Work Schedule
- Team Oriented Work
- Flexible Supervisor

What types of job duties and environments should be **avoided**?

Duties: \_\_\_\_\_

Environments: \_\_\_\_\_

### Transportation and Work Availability:

Select the transportation resources available to the individual:

- Drives own vehicle
- Public transportation
- Walks / Rides bike
- Taxi / Ambulatory transportation contractor
- Family / Residential staff transportation
- Other (specify): \_\_\_\_\_

Describe any training or support the individual will need to become independent with transportation:

\_\_\_\_\_  
\_\_\_\_\_

How many hours does the individual want to work each week? \_\_\_\_\_

Fill in the weekly calendar below with the individual's specific days and times available to work:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

**Supervision Needs:**

- 1:1
- Same area as supervisor
- Independent for up to \_\_\_\_\_ hours.

Comment on the individual's attendance, punctuality, and cooperation:

---



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**Identified Career Options:**

Select up to 4 O\*Net Careers - 2 based on the Discovery Report Findings and 2 based on the individual's expressed career preferences.

- |  |  |
|--|--|
| <input type="checkbox"/> Cashiers                              | <input type="checkbox"/> Janitors and Maintenance                    |
| <input type="checkbox"/> Cleaners of Vehicles and Equipment    | <input type="checkbox"/> Maids and Houskeeping Cleaners              |
| <input type="checkbox"/> Combined Food Preparation / Fast Food | <input type="checkbox"/> Mail Clerks and Mail Machine Operators      |
| <input type="checkbox"/> Customer Service Representation       | <input type="checkbox"/> Non-Farm Animal Caretakers                  |
| <input type="checkbox"/> Data Entry Keyboarders                | <input type="checkbox"/> Office Clerks                               |
| <input type="checkbox"/> Dining Room and Cafeteria Cleaners    | <input type="checkbox"/> Retail Sales Associate                      |
| <input type="checkbox"/> Dishwashers                           | <input type="checkbox"/> Shipping and Receiving Clerk                |
| <input type="checkbox"/> Food Preparation Worker               | <input type="checkbox"/> Stock Associate                             |
| <input type="checkbox"/> Food Service Non-Restaurant           | <input type="checkbox"/> Teacher's / Classroom Assistant             |
| <input type="checkbox"/> Helpers for Production Workers        | <input type="checkbox"/> Ushers, Lobby Attendants, and Ticket Takers |
| <input type="checkbox"/> Other (specify): _____                |  |

Additional Comments:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **6. CAREER RESEARCH**

**PURPOSE:** To compare the individual’s skills and abilities with the duties and requirements of specific job titles. This will help determine if these job titles are a realistic match for the individual.

**INSTRUCTIONS:** Refer to the Identified Career Options on page 34. Use ONETonline.org to research each career. Fill in one chart in the Career Research Worksheet for each career. Combine the Discovery Report Findings and Career Research to provide a recommendation that will support the individual with meeting their career and vocational goals.

**Career Research should be completed with the individual.**

Thorough Career Research takes **1 Hour per Career**; recommended total research time is **4-6 Hours**.

### **HOW TO USE O\*NET ONLINE:**

- Open your internet browser and enter “onetonline.org” into the address bar.
- Enter the career in the “Occupation Quick Search:” field in the upper right corner of the O\*NET Online Home Page and hit Enter or click on the arrow.
- Select and click on the most appropriate O\*NET Career from the search results.
- Expand all categories on the Summary tab of the O\*NET Career page by clicking on the “+” under each category heading. There are 13 categories that can be expanded. If a category is showing all possible results, the “+” will be light grey and unclickable.
- (Optional) Print out the page with all categories expanded for reference.

### **HOW TO USE O\*NET ONLINE INFORMATION TO FILL IN CHARTS:**

- Enter one Identified Career Option in each chart and select if it is an expressed preference of the individual or was derived from the Discovery Report Findings
- Enter one job title from the “Sample of reported job titles:” area of the O\*NET Career page.
- Enter the O\*NET Code. Example: “15-1199.11” for Video Game Designers.
- Select 4-6 of the most important functions or requirements of the O\*NET Career and enter them under the “Job Duties / Requirements” column.
- Fill in the information under the “How does the job duty match the individual’s skills and abilities?” corresponding to each function in the “Job Duties / Requirements” column.



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## CAREER RESEARCH WORKSHEET

O*NET Career: <span style="float: right;"><input type="checkbox"/> Preference <input type="checkbox"/> Findings</span>	
Job Title:	O*NET Code:
Job Duties / Requirements	How does the job duty / responsibility match the individual's skills and abilities?

O*NET Career: <span style="float: right;"><input type="checkbox"/> Preference <input type="checkbox"/> Findings</span>	
Job Title:	O*NET Code:
Job Duties / Requirements	How does the job duty / responsibility match the individual's skills and abilities?



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

O*NET Career: <input type="checkbox"/> Preference <input type="checkbox"/> Findings	
Job Title:	O*NET Code:
Job Duties / Requirements	How does the job duty / responsibility match the individual's skills and abilities?

O*NET Career: <input type="checkbox"/> Preference <input type="checkbox"/> Findings	
Job Title:	O*NET Code:
Job Duties / Requirements	How does the job duty / responsibility match the individual's skills and abilities?



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## 7. RECOMMENDATION

**PURPOSE:** To provide a recommendation of the next steps the individual may need to make vocational progress. The recommendation must consider key information discovered and recorded about the individual in all sections of the Discovery Report. The ETP Supervisor requires a complete justification for approval.

**INSTRUCTIONS:** Choose one of the two options below and complete the corresponding section if applicable. The ETP Supervisor will review the ETP Discovery Report, provide feedback, and notify the SEMP Agency if additional situational assessments or other revisions to the report are needed.

**The individual is NOT recommended for Job Development for competitive employment in the community.**

If the ETP Supervisor agrees with the recommendation that the individual is not ready for Job Development, they may request a Vocational Development Plan and a Circle of Support meeting to help develop the next steps for the individual.

**OR**

**The individual is recommended for Job Development for competitive employment in the community.**

I am recommending the following 2 careers as determined by Career Research and approved by the individual. If Identified Career Options do not match the individual’s preferences, I have discussed this with the individual. Date of Meeting: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

If the ETP Supervisor agrees with the recommendation of Job Development, they will request a Job Development Plan prior to approval.

**Do not begin ETP Job Development without the written approval of an ETP Supervisor.**



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## REVIEW AND APPROVAL

ETP Discovery Report Completed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The following section is to be completed by the SEMP / Employment Services Manager*

By signing below, I certify that I have reviewed this ETP Discovery Report for content, quality, and accuracy and agree with the recommendations made within.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The following section is to be completed by the ETP Supervisor*

Date ETP Discovery Report received: \_\_\_\_\_

Date Job Development Plan received: \_\_\_\_\_

Approved for Job Development:

Yes  No

Date SEMP Agency notified in writing: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments:

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