



Eleversity
NEXT-LEVEL WORKFORCE EDUCATION

585-340-2051

1

The Vocational Development Plan

Training Manual & Case Study

Important Information You May need

ETP Supervisors are available to answer questions and assist you.

Please submit any employment and vocational service questions you may have to:

employment.technical.assistance.questions@opwdd.ny.gov

Contact Eleversity:

Phone: (585) 340-2051

Email: info@eleversity.org

Director: Chris Frank – cfrank@eleversity.org

Trainer Contact Information:

Amy Scott – ascott@eleversity.org

Maura Denning – mdenning@eleversity.org

Margaret DiTusa – Margaret.DiTusa@eleversity.org

Access class materials:

<https://eleversity.org/resources/opwdd-innovations-resources/>

Innovations Training Engagement Protocol

Thank you for being on-time and ready to learn using zoom functions.

Late arrivals or unprepared learners will need to reschedule. [*prepared* means you have all technology required and the ability to use it]

- Choose a quiet space that will allow for listening and sharing.
 - Use headphones as needed.
- Set up your equipment at a desk or table and sit within arm's reach of your computer so that you can easily engage when prompted.
 - Do not lay down or sit far from your equipment.
 - Tablets must be propped up and in landscape view.
 - Keep the camera centered on your face and avoid walking around.
- **Limit multitasking and outside distractions:**
 - You will get a 10-minute break mid-way through, please use that time to address outside matters.
 - Do not make or take calls during class, including texting or scrolling.
 - Avoid having conversations with those around you, including others in the office taking the same training.
- Whether you are billing or not, you must fully participate and follow protocol.
- Must attend each course as scheduled and, in its entirety, to receive credit.
 - Be mindful of your time off camera.
- **Training cannot be completed on a cellphone.**
- Only 1 person per device.
- 100% participation is required (chat discussions, poll questions, unmute and share, breakout rooms, etc.)
- Look alive!

Innovations Training Engagement Strategies for Success

- Unfamiliar with zoom?
 - Seek instruction and support from your manager, co-workers, IT, kids, or any other experienced zoom user.
 - Access Zoom tutorials via Zoom website.
- Use the Zoom app and be sure to update regularly.
- Have you downloaded the class materials?
 - Go to [Eleversity.org](https://www.eleversity.org)-> Resources-> OPWDD Innovations Resource -> [Scroll down to the desired class]
- Having an **unexpected emergency**? [flood in the kitchen, sick baby/pet, work related crisis, computer died].
 - If it can be resolved quickly, notify the TA in the chat box.
 - If it cannot be resolved, notify the TA in the chat box, remove yourself, and reschedule. If needed, call 585-340-2051.
- Need a bio-break?
 - Can you wait for the break or end of class?
 - Yes – sit tight
 - No – message the TA that you will be right back
- Feeling sleepy or tired?
 - Stand up and stretch – move your body but stay in view of camera.
 - Grab some water, coffee, soda.
- Have you lost connection with zoom?
 - If you still have internet, use the link to return to the class
 - If you're having trouble resolving the issue, call 585-340-2051. If you do not reach a person, be sure to leave your name and the name of the class.
 - If the issue is not quickly resolved, you will need to reschedule for the course.



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	_____
TOTAL	55	65-90*	_____

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



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:

What motivated or demotivated the individual and why?

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

Who supported the individual with the activities?

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?

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



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.:

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:

What motivated or demotivated the individual and why?

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

Who supported the individual with the activities?

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?

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



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 #: _____

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?

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:

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
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- 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?

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:

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:

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:

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 #: _____

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 #: _____

CAREER RESEARCH WORKSHEET

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:



EMPLOYMENT TRAINING PROGRAM Vocational Development Plan

Name: _____ TABS ID #: _____

VOCATIONAL DEVELOPMENT PLAN

PURPOSE: To consolidate information gathered during Discovery and create a plan for the next steps to assist the individual to build independence and develop employment skills. The plan is meant to be shared with the individual's current and future supports. This information should highlight the positive attributes and describe specific vocational challenges identified during Discovery.

INSTRUCTIONS: Fill out each section below and submit the plan to the ETP Supervisor for review. With input from the ETP Supervisor, a meeting may be held to discuss the plan and next steps with the individual and their Circle of Support. Information in the chart on page 3 should be clearly stated so that the individual, their family, their Care Manager, and any support staff working with them are able to monitor their progress as they work to improve in the noted challenge areas.



EMPLOYMENT TRAINING PROGRAM Vocational Development Plan

Name: _____ TABS ID #: _____

The following services are being recommended:

- Community Habilitation Community Pre-Voc Pathway to Employment
- Day Habilitation Recreation Other (list below):

Summarize the positive attributes observed during Discovery:

Summarize the reason(s) that Job Development is not being recommended at this time:

Check off the challenge areas that were identified during Discovery:

- General Workplace Independence Physical / Medical / Mental Health
- Stress Management Communication
- Social Interactions / Relationships Focus / Attention to Task
- Productivity / Work Pace Safety / Environmental Awareness
- Transportation Resources Personal Grooming / Hygiene
- Attendance / Punctuality / Time Management Initiative / Motivation to Work
- Other (specify): _____



EMPLOYMENT TRAINING PROGRAM Vocational Development Plan

Name: _____ TABS ID #: _____

Instructions: SEMP Staff / Manager should complete as much of this chart as possible prior to ETP Supervisor review.

Identified challenge area	Service/Activity Recommended
1.	
2.	
3.	
4.	
5.	

ATTACH ADDITIONAL INFORMATION IF NEEDED

Plan completed by:

Name: _____ **Title:** _____

Signature: _____

Agency: _____ **Date:** _____



EMPLOYMENT TRAINING PROGRAM Vocational Development Plan

Name: _____ TABS ID #: _____

PLANNING MEETING SUMMARY *To be completed by Circle of Support Meeting facilitator*

Date of meeting: _____

Attendees:

Name	Relationship to Individual

Summary of meeting:

Signature: _____ Title: _____

Date: _____

Cc: Individual, Care Manager, Support Staff, Other