  **Vocational Support Services
Long Island Campus**

**Functional Vocational Assessment**

Name: Date:

Staff: Service/Program:

**Instructions:** Complete this form to determine someone’s current vocational capacity. The results will demonstrate strengths as well as areas for improvement. Support Type refers to what kind of support the person is provided to get the specific activity completed. Support Frequency is how often support is provided for a given activity. Grading scale qualifies the person for meeting the expectation of the activity in regard to employment. There are 3 additional zones on the below charts, Acquiring, Reinforcing, and Possesses. Acquiring means the person completes the activity 0-50% of the time with or without support. This category may be for people who are learning something new and benefit from more support. Reinforcing means the person completes this activity 50-70% of the time with or without support. This category is for people who are working towards mastering an activity sometimes they may initiate or be independent but sometimes they don’t and aren’t. The last category, Possesses, means the person more times than not does the activity and is closest to independence.

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| **Support Type** | **Support Frequency** | **Grading Scale** |
| 1 – Independent 2 – Visual Guide/Cue3 – Gesture4 – Verbal Prompt (Cue, Indirect, Direct)5 – Modeling6 – Physical Guidance/Assistance  | 1 – Independent: without assistance, sporadic  check ins2 – Occasional: occurring or appearing irregularly  from time to time3 – Intermittent: stopping and starting at intervals;  coming after a particular time  span; not steady or constant4 – Frequent: 5 – Continuous  | 1 – Exceeds Expectations: Consistently demonstrates skills required for the position. Has emerged as reliable, a leader, and improves the overall team or department 2 – Meets Expectation: Demonstrates the skills required for the position with some exceptions and shows initiative in improving skills 3 – Needs Improvement: Inconsistently demonstrates the skills needed for the position, further development is needed4 – Unsatisfactory: Not yet demonstrates the skills required or the position and needs to have a formal plan for improving skills, needs additional training |

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|  | **Reinforcing 0-50%** | **Acquiring****50-70%** | **Possesses****70-100%** | **Support Type** | **Support Frequency** | **Grading Scale** | **Comments** |
| **EMPLOYABILITY SKILLS** |  |  |  |  |  |  |  |
| Understands the meaning of work, can communicate why we work, benefits of working, motivators for working  |  |  |  |  |  |  |  |
| Identifies strengths and areas for improvement, communicates needs/accommodations |  |  |  |  |  |  |  |
| Follows directions from a respected personnel/figure |  |  |  |  |  |  |  |
| Accepts instruction and adheres to requests |  |  |  |  |  |  |  |
| Accepts correction or feedback in a positive manner |  |  |  |  |  |  |  |
| Willing to correct mistakes or adhere feedback  |  |  |  |  |  |  |  |
| Completes assigned tasks within allotted time  |  |  |  |  |  |  |  |
| Can multi-task 1-3 duties |  |  |  |  |  |  |  |
| Can multi-task 3-5 duties |  |  |  |  |  |  |  |
| Can problem solve by asking the right person for for help |  |  |  |  |  |  |  |
| Can problem solve by assessing situation and identifying options  |  |  |  |  |  |  |  |
| Can problem solve by assessing options and choosing the best one |  |  |  |  |  |  |  |
| Understands and adapts to work routines |  |  |  |  |  |  |  |
| Produces for 30 minutes at a time |  |  |  |  |  |  |  |
| Produces for an hour at a time |  |  |  |  |  |  |  |
| Produces for longer than 1 hour  |  |  |  |  |  |  |  |
| Demonstrates flexibility by adapting to change |  |  |  |  |  |  |  |
| Understands professional the use of common work areas (restroom, lounge, break room, cafeteria etc.) |  |  |  |  |  |  |  |
| Dresses and grooms sufficiently for the workplace |  |  |  |  |  |  |  |
| Takes initiative to help others, or complete their own work |  |  |  |  |  |  |  |
| Plans and prioritizes work tasks |  |  |  |  |  |  |  |
| Asks Supervisor for clarification or help, as appropriate  |  |  |  |  |  |  |  |
| **COMMUNITY SAFETY** |  |  |  |  |  |  |  |
| Presents as confident in the community |  |  |  |  |  |  |  |
| Can be unattended for >1 hour |  |  |  |  |  |  |  |
| Can be unattended for 1-2 hours |  |  |  |  |  |  |  |
| Can be unattended for 2-4 hours |  |  |  |  |  |  |  |
| Can be unattended for 4+ hours |  |  |  |  |  |  |  |
| Is aware of their own personal space |  |  |  |  |  |  |  |
| Is aware of their surroundings |  |  |  |  |  |  |  |
| Navigates public spaces safely |  |  |  |  |  |  |  |
| Is aware of other’s personal space |  |  |  |  |  |  |  |
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