



**Office for People With  
Developmental Disabilities**

*PATHWAY TO  
EMPLOYMENT  
DISCOVERY GUIDE*



**January 2015**



# Pathway to Employment Process





# Agency enrolls the person in Pathway to Employment Services

*Collect a signed HIPAA Authorization to Share Information consent form - **Sample Included** (use your agency's form). If the person does not consent to file review, interviews and/or observations do not enroll the person in this service.*



- Complete a HIPAA Authorization to Share Information Form (if the individual consents to services proceed)
- Complete the Participant Profile – **Form 1a**
- Amend the ISP
- Enter the person into Choices or submit DDP1
- Prepare the Pathway to Employment Habilitation Plan – **Form 1b**



## **What should the Pathway to Employment HIPAA Authorization to Share Information consent form include?**

Specific individual consent forms that authorize the agency to implement Pathway to Employment activities should include the following.

1. Purpose: To gain information that will assist with the discovery process, vocational evaluation, and to support the person in career development activities and community work experiences.
2. Activities: Review of documentation such as psychological, ISP's, DDP2, educational records, person-centered plans, plans of protective oversight, habilitation plans, service documentation, monthly summaries, career and interest assessments, disability information, health and personal care information, financial benefits and etc.
3. Activities: Review of program files for all programs funded by OPWDD and other programs related to supports and services such as day habilitation, workshop, supported employment, ACCES-VR, prevocational, residential, recreational, clinical, etc.
4. Activities: Interviews of support staff, clinicians and family members related to OPWDD funded services and other programs related to supports and services. A statement that lists which (if any) specific persons (list names on the form) are not approved to contact for interviews.
5. Activities: Observation in programs and community activities funded by OPWDD and others as approved.
6. Activities: Approval for Pathway to Employment staff to share "general information" about the person's abilities, skills, support needs, health and safety information (as needed) with community partners related to community-based work assessments, volunteer work, classes, interviews, job shadows, mentors, etc. Information will also be shared with other service providers, family members and other support team members.



AUTHORIZATION/CONSENT FOR DISCLOSURE OF CLINICAL INFORMATION

Use this form to get New York State consents of HIPAA authorizations (The Sharing Clinical Information Table describes when Mental Hygiene Law consent or a HIPAA authorization is needed)

<b>Part 1. Consumer Information:</b>			
Name: Last	First	MI	TABS ID #
Address:			Date of Birth:
			Phone Number (if known):

Complete Part II to identify: the organization disclosing clinical information, the organization receiving information, what information is being disclosed and for what purpose. Place a check in the appropriate box.

<b>Part II. Authorization for Disclosure of Clinical Information</b>	
By signing Part III of this form, _____ authorizes the organization _____ in A. below. _____ Individual's Name	
<b>A. OPWDD</b> [Preprint Name and address of OPWDD or Central Office]	<b>A. List Name and Address of Other Individual or Organization PROVIDING Information:</b>
To disclose health or clinical information about _____ to the organization _____ in B. below. _____ Individual's Name	
<b>B. OPWDD</b> [Preprint Name and address of DDSO or Central Office]	<b>B. List Name and Address of Other Individual or Organization RECEIVING Information:</b>

Describe the information to be used or disclosed, including date(s) or service, types of service provided, etc.:



Dates of Service: \_\_\_\_\_

Psychological Evaluations/Assessments

Individual Service Plans (ISP)/Individual Family Support Plan

Individualized Education Plan (IEP)

Medical Assessments/ Diagnostic Reports

Other, please describe:

Describe the purpose of the disclosure:

For Treatment Purposes

Documentation Eligibility

Services Planning

Written Request for Information Attached

Other: \_\_\_\_\_

**Note: the following must be completed by health care providers or health plans requesting the authorization:** Will the health care provider or health plan requesting the authorization receive financial or in-kind compensation in exchange for using or disclosing the health or clinical information described above?

No  Yes

*Part III below must be signed by the consumer or his/her personal representative, and a copy of the signed form provided to the consumer or representative.*

**Part III. Signature and Date**

1. I may revoke this authorization in writing, at any time by notifying the person or entity I have authorized to use or disclose information as listed above.
2. I understand that a revocation is not effective against actions taken by the person or entity named above before they received such revocation and to the extent that they have relied upon this authorization.
3. I understand that if the person or entity authorized to receive my health and clinical information is not a health care provider or health plan, the disclosed information may be redisclosed and may no longer be disclosed by federal privacy regulations.
4. I may refuse to sign this form and my refusal to sign will not affect my ability to obtain treatment or payments except in some situations when such information is needed for payment and enrollment.
5. I may, in accordance with OPWDD Privacy Policy, inspect or copy any information used or disclosed under this authorization upon written request.

Signature of Individual or representative:	Date:
Print name of Individual or representative:	Representative's relationship to individual

**This authorization expires:**  
(insert date or event)



# PATHWAY TO EMPLOYMENT

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

## FORM 1a - PARTICIPANT PROFILE

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

TABS ID#: \_\_\_\_\_ Medicaid CIN#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

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

Year Left High School (check one):

Before 2012     After 2012 (list specific year): \_\_\_\_\_

DDRO Serving Person: \_\_\_\_\_

Service Coordinator Name: \_\_\_\_\_

Service Coordinator Agency: \_\_\_\_\_ Service Coordinator Phone #: \_\_\_\_\_

Agency Providing Pathway: \_\_\_\_\_ Pathway to Employment Program Code: \_\_\_\_\_

Contact at Agency for Pathway: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Service (check all that apply) and list agency providing services:

PreVoc Community Agency Name: \_\_\_\_\_

DayHab Agency Name: \_\_\_\_\_

SEMP Agency Name: \_\_\_\_\_

Community Hab Agency Name: \_\_\_\_\_

Residential Agency Name: \_\_\_\_\_

Pre Voc Workshop Agency Name: \_\_\_\_\_

Respite Agency Name: \_\_\_\_\_

Other (list): \_\_\_\_\_

Individual signed HIPAA authorization to share information consent form allowing programs and services documentation review, interviews and observations.

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

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



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

***This is a sample document from the OPWDD website. The format is optional as long as the required elements are included. However, a Pathway to Employment habilitation plan is required.***

*[http://www.opwdd.ny.gov/opwdd\\_regulations\\_guidance/adm\\_memoranda/documents/format30712final](http://www.opwdd.ny.gov/opwdd_regulations_guidance/adm_memoranda/documents/format30712final)*

## **FORM 1b - HABILITATION PLAN** (Page 1 of 3)

The Habilitation Plan with any addendums or revisions and services described remain in effect until a new Habilitation Plan is written.

The following is an optional format for Habilitation Plans. Providers may, or may not, choose to use the outline as it appears here. The choice of whether or not to use the outline is an agency management decision that should be based on factors such as past success using their current plan format, review team comments about needed plan improvements and other pertinent factors. This is an optional Habilitation Plan format that may be followed by providers. The instructions under each header are provided for guidance and may be removed.

AGENCY \_\_\_\_\_

### **Pathway to Employment Habilitation Plan**

**Name of Person:** \_\_\_\_\_ **Medicaid Number (CIN#):** \_\_\_\_\_

**Habilitation Plan Review Date:** \_\_\_\_\_

#### **Valued Outcome(s)**

The habilitation provider uses at least one of the valued outcomes stated in the Individualized Service Plan (ISP) as the starting point to develop the habilitation activities and periodic staff supports that will appear in the plan. The valued outcome does not need to be verbatim from the ISP.

*Example - Kevin likes to have contact with his brother and his family.*

#### **Staff Services and Supports**

This section contains the services the individual needs to reach his or her valued outcome or those supports in which the individual has maximized his/her skills.

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

## FORM 1b - HABILITATION PLAN (Page 2 of 3)

### Habilitation Activities

The plan can, and often should, address priority needs that may not be directly correlated to one or more valued outcomes. A plan may contain valued outcomes or habilitation activities to support the valued outcomes or staff supports. For example, a person with a valued outcome to spend time with a special friend may have a plan that contains activities to learn how to use a telephone, how to travel safely in the community, etc. The same plan may have staff supports to ensure the person is dressed appropriately for the weather when he/she goes out with the friend.

*Example: Staff will teach Kevin to call his brother on the phone. Staff will teach Kevin to recognize the numbers: 0, 1, 2, 3, and 4 using verbal prompts, five days per week*

### Periodic Staff Supports

This section may contain the supports a person needs for which the individual has reached his or her maximum skill level or the staff supports continue to be needed by the person, but the supports have very little relationship to a valued outcome. For example, an adult may have maximized his/her tooth brushing skills. The person still needs reminders or some physical assistance by staff to adequately brush his or her teeth. Recording such staff supports in the plan gives a more accurate picture of the person's needs and also allows the agency staff to take full credit for all the work they perform to properly care for people.

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

## FORM 1b - HABILITATION PLAN (Page 3 of 3)

### **Safeguards**

This section is also known as “Plan for Protective Oversight” in Individual Residential Alternatives (IRAs) regulated under 14 NYCRR Part 686.16 or Health and Welfare in other venues where waiver services are provided. As cited above, this section can list all the safeguard needs and the staff actions that will be taken or it can list the safeguard needs and refer the reader to other documents in the record that address each need.

### **Required Signature:**

Habilitation plan author's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Habilitation plan author's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Optional Signatures**

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

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

Supervisor/reviewer: \_\_\_\_\_

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





# Agency gathers information about the person and their interests, skills, experience and supports



- Review the person's documentation including ISP, school records, employment history, academic and psychological reports, etc. **Complete Form 2 - Review File Worksheet.**
- Interview the person, their family, friends and support staff. ***Must interview at least 1 contact for each program or service.*** **Complete Forms 3a, 3b, 3c - Interview Worksheets** (*one for each interview*).
- Observe the person at home, day activities and in the community. **Complete Form 4 - Observation of Individual Worksheets** (*one for each activity*).



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

## WORKSHEET - REVIEW FILE - Form 2

(Page 1 of 11)

**PURPOSE:** Records contain valuable information about an individual's background, skills, abilities, cognitive ability, and experiences. Some of this information is essential to know to achieve the best possible employment outcome. For example, an individual's reading level listed in a psychological would be an extremely important fact to know. The person reviewing the file is encouraged to note all information that would be relevant to obtaining or maintaining employment. Approximately 2-3 hours.

- Pre Voc Community Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
- Day Hab Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
- SEMP Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
- Community Hab Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
- Residential Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
- Pre Voc Workshop Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
- Respite Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
- Other (list): \_\_\_\_\_

**Check the box for all documents reviewed:**

**(Minimum review is ISP, Psychological, DDP2, at least 1 Current HCBS Day Service if enrolled in a service)**

- Individualized Service Plan Dated: \_\_\_\_\_ Psychological
- Evaluation(s) Dated: \_\_\_\_\_
- Developmental Disabilities Profile - 2 Dated: \_\_\_\_\_
- Adaptive Behavior Scale Dated: \_\_\_\_\_
- Day Habilitation Service Documentation (Notes, Charts, Summaries) Community
- Habilitation Service Documentation (Notes, Charts, Summaries)
- Workshop/Prevocational Service Documentation (Notes, Charts, Production Rate, Summaries)
- School information (Required if left school within 2 years)
- Supported Employment Service Documentation (OPTS, ACCES-VR, ESEMP, SEMP)
- Career and Interest Assessments
- Person-Centered Plans
- Other: \_\_\_\_\_

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 2 of 11)

### 1. Individualized Service Plan (ISP) (Check the appropriate answer)

List Valued Outcomes from the ISP: \_\_\_\_\_  
\_\_\_\_\_

- a. Living Arrangement:     Family     Unsupervised     Supervised
- b. Natural Supports:  Parents     Siblings     Friends     Other: \_\_\_\_\_
- c. Level of Independence in Community:     Unlimited    #\_\_Hours     Total Supervision
- d. Current Services:  Day Hab     Pre Voc     Workshop     Community Hab     Respite
- e. Work Experience:     Worked     Never Worked     Not Listed
- f. Volunteer Experience:     Volunteered     Never Volunteered     Not Listed
- g. Diagnosis: \_\_\_\_\_
- h. Safeguards: (IPOP) \_\_\_\_\_
- i. Behaviors: \_\_\_\_\_

### j. Employment Experiences: Briefly summarize the person's paid employment history:

	<u>Business Name</u>	<u>Date</u>	<u>Duties</u>	<u>Reason for leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### k. Volunteer Experiences: Briefly summarize the person's volunteer experiences:

	<u>Business Name</u>	<u>Date</u>	<u>Duties</u>	<u>Reason for leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

1. Other Important Factors (Physical challenges): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 3 of 11)

### 2. Psychological/Psychiatric Evaluations

- a. Full Scale IQ: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
- b. Reading Level: \_\_\_\_\_
- c. Level of Independence in Community:     Unlimited    #\_\_Hours     Total Supervision
- d. Work Experience:     Worked     Never Worked     Not Listed
- e. Volunteer Experience:     Volunteered     Never Volunteered     Not Listed
- f. Safeguards Recommended: \_\_\_\_\_
- g. Previous Behaviors Noted: \_\_\_\_\_  
\_\_\_\_\_
- h. Other Important Factors (Physical challenges): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- i. Learning style:     Auditory     Visual     Learns by Doing
- j. Psychologist recommendations for the individual's future particularly as it relates to employment or other significant notations: \_\_\_\_\_  
\_\_\_\_\_

k. Employment Experiences: Briefly summarize the person's paid employment experience:

	<u>Business Name</u>	<u>Date</u>	<u>Duties</u>	<u>Reason for leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

l. Volunteer Experiences: Briefly summarize the person's volunteer experiences:

	<u>Business Name</u>	<u>Date</u>	<u>Duties</u>	<u>Reason for leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 4 of 11)

### 3. Developmental Disabilities Profile - 2

- a. Disability Description: \_\_\_\_\_  
\_\_\_\_\_
- b. Physical Challenges/Limitations: \_\_\_\_\_  
\_\_\_\_\_
- c. Medical Needs/Conditions/Disease/Illness: \_\_\_\_\_  
\_\_\_\_\_
- d. Specific Behaviors that the Person Exhibits: \_\_\_\_\_  
 Physical Aggression     Verbal Aggression
- e. Frequency of Behaviors:     Daily     Weekly     Monthly     Occasional  
\_\_\_\_\_
- f. Is the individual independent in their daily living skills?     Yes     No  
If no, what areas need support: \_\_\_\_\_  
\_\_\_\_\_

### 4. Adaptive Behavior Scale

Record Adaptive Behavior Scales:

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

Daily Living Skills:

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

Scores: Receptive: \_\_\_\_\_ Expressive: \_\_\_\_\_ Written: \_\_\_\_\_

Socialization: \_\_\_\_\_ Communication: \_\_\_\_\_

Comments:

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

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 5 of 11)

### 5. Day Habilitation Service Documentation

Never Participated in this Service

Agency Name: \_\_\_\_\_

Enrolled Date: \_\_\_\_\_ Program Termination Date: \_\_\_\_\_

Date of Service Documentation Reviewed: \_\_\_\_\_

List Habilitation Plan Goals and Activities:

---

---

---

List Specific Staff Supports and Services:

---

---

---

What Specific Skills Has the Person Gained?

---

---

---

What Specific Interpersonal/Communication Skills Has the Person Gained?

---

---

---

Safeguards: \_\_\_\_\_

---

---

Volunteer Experiences: Briefly summarize the person's volunteer experiences:

	<u>Business Name</u>	<u>Date</u>	<u>Duties</u>	<u>Reason for leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List Other Activities in the Community:

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

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 6 of 11)

**6. Community Habilitation Service Documentation**  **Never Participated in this Service**

Agency Name: \_\_\_\_\_

Enrolled Date: \_\_\_\_\_ Program Termination Date: \_\_\_\_\_

Date of Service Documentation Reviewed: \_\_\_\_\_

List Habilitation Plan Goals and Activities:

---

---

---

List Specific Staff Supports and Services:

---

---

---

What Specific Skills Has the Person Gained?

---

---

---

What Specific Interpersonal/Communication Skills Has the Person Gained?

---

---

---

Safeguards: \_\_\_\_\_

---

---

Volunteer Experiences: Briefly summarize the person's volunteer experiences:

	<u>Business Name</u>	<u>Date</u>	<u>Duties</u>	<u>Reason for leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List Other Activities in the Community:

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



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

## WORKSHEET - REVIEW FILE - Form 2

(Page 7 of 11)

### 7. Workshop /Prevocational Service Documentation Never Participated in this Service

Is this service community or workshop based?  Community  Workshop

Agency Name: \_\_\_\_\_

Enrolled Date: \_\_\_\_\_ Program Termination Date: \_\_\_\_\_

Date of Service Documentation Reviewed: \_\_\_\_\_

List Habilitation Plan Goals and Activities:

---

---

---

List Specific Staff Supports and Services:

---

---

---

What Specific Skills Has the Person Gained?

---

---

---

What Specific Interpersonal/Communication Skills Has the Person Gained?

---

---

---

Safeguards: \_\_\_\_\_

---

---

# PATHWAY TO EMPLOYMENT

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 8 of 11)

### 7. Workshop /Prevocational Service Documentation continued:

Employment Experiences (including workshop production):

Briefly summarize the person's paid employment experience:

Business Name	Dates	Duties	Avg. Rate of Pay	Avg. Productivity	Hours per Week	Who Issues Paycheck?	Reason for Leaving

Volunteer Experiences: Briefly summarize the person's volunteer experiences:

<u>Business Name</u>	<u>Date</u>	<u>Duties</u>	<u>Reason for leaving</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List Other Activities in the Community:

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

Does this person participate in job readiness training?       Yes       No

Does the person participate in basic life skills training?       Yes       No

Does the person participate in transportation skills training?       Yes       No

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 9 of 11)

### 8. Supported Employment Service Documentation Never Participated in this Service

Check those that apply to this person:

- Working and being paid       Job Development  
 Discovery                               Job Readiness Training

Check which employment services the person has participated in?

- ETP                              Dates: Reason                              for                              Leaving                              :  
 ACCES-VR                              Dates: Reason                              for                              Leaving                              :  
 ESEMP                              Dates: Reason                              for                              Leaving                              :  
 OPTS /SEMP      Dates: \_\_\_\_\_ Reason for Leaving : \_\_\_\_\_

Agency Name: \_\_\_\_\_

Enrolled Date: \_\_\_\_\_ Program Termination Date: \_\_\_\_\_

Date of Service Documentation Reviewed: \_\_\_\_\_

List Habilitation Plan Goals and Activities:

---

---

---

List Specific Staff Supports and Services:

---

---

---

What Specific Skills Has the Person Gained?

---

---

---

What Specific Interpersonal/Communication Skills Has the Person Gained?

---

---

---

Safeguards: \_\_\_\_\_

---

---

# PATHWAY TO EMPLOYMENT

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 10 of 11)

Employment Experiences: Briefly summarize the person's paid employment experiences:

Business Name	Dates Worked	Hourly Wage	Avg. Work Hours Per Week	Avg. hours per week without coaching	Who Issues Paycheck?	Group or Individual Setting? If group, what is staff ratio?	Job in an Integrated Setting (Yes or No)
Job Duties:							
Summarize Job Coach Supports:							
Challenges and Successes:							
Reason for Leaving:							

Business Name	Dates Worked	Hourly Wage	Avg. Work Hours Per Week	Avg. hours per week without coaching	Who Issues Paycheck?	Group or Individual Setting? If group, what is staff ratio?	Job in an Integrated Setting (Yes or No)
Job Duties:							
Summarize Job Coach Supports:							
Challenges and Successes:							
Reason for Leaving:							

Business Name	Dates Worked	Hourly Wage	Avg. Work Hours Per Week	Avg. hours per week without coaching	Who Issues Paycheck?	Group or Individual Setting? If group, what is staff ratio?	Job in an Integrated Setting (Yes or No)
Job Duties:							
Summarize Job Coach Supports:							
Challenges and Successes:							
Reason for Leaving:							

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

## WORKSHEET - REVIEW FILE - Form 2

(Page 11 of 11)

### 8. School Information

Did/Does the person receive one-on-one assistance with a Teacher's Aide, or other school staff? If so, how much time is spent with the person and what skills does the aid assist with

---

---

---

Please list any other pertinent information from IEP and/or Psycho-Educational Assessments:

---

---

---

List Work/Volunteer Experience while in school:

	<u>Where</u>	<u>What</u>	<u>Liked/Disliked</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Vocational Training:

---

---

### 9. Career Assessments

Has the person had a Career Assessment:  Yes  No

If yes, describe the results:

---

---

---

### 10. Please list any other additional comments after review of file:

---

---

---

---

---

---

---

---

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

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



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

## 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:

---

---

---

2. What are your strengths?

---

---

---

3. What are your weaknesses?

---

---

---

4. What are your likes/dislikes?

---

---

---

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

---

---

---

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

---

---

---

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

## WORKSHEET – INTERVIEW WITH INDIVIDUAL – FORM 3a

(Page 2 of 4)

7. Do you have any work history? If so, please describe your job(s) and/or duties:

---

---

---

8. What did you like/not like about your past employment experience(s)?

---

---

---

9. Have you had job coaching services in the past? Did you find the supports on the job helpful?

---

---

---

10. Have you taken any other vocational or career training classes? Hobby, self-improvement, leisure classes?

---

---

---

11. Why did you leave your previous job(s)? (If applicable)

---

---

---

12. Can you please tell us about the best boss/supervisor that you ever had in work or volunteer? What about the worst?

---

---

---

13. How do you prefer to take direction? Will you need any specific learning accommodations?

---

---

14. How do you prepare for your day? Does anyone help you get ready?

---

---

---



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

## WORKSHEET – INTERVIEW WITH INDIVIDUAL – FORM 3a

(Page 3 of 4)

15. Have you ever had any issues with getting to places/appointments on time? If so, were you able to resolve this?

---

---

---

16. What do you do when someone hurts your feelings? Have you ever had difficulty staying calm and/or positive?

---

---

---

17. Do you get any help with stress management or dealing with frustration? If so, who helps you with this? How often?

---

---

18. What does your week look like? Are you very busy? What is your availability for engaging in this program during the week? What about the weekends?

---

---

---

19. Do you have reliable transportation?  Yes  No

20. Have you ever utilized public transportation?  Yes  No

21. Are there any new skills that you would like to learn?

---

---

---

22. What are your goals for future employment?

---

---

---

---

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

## WORKSHEET – INTERVIEW WITH INDIVIDUAL – FORM 3a

(Page 4 of 4)

23. Do you have any concerns or fears about employment?

---

---

---

### INTERVIEW SUMMARY

(To be completed by Interviewer AFTER the interview)

Based on your interview, rate the individual with 4 being the highest rating.

Appearance 1.  2.  3.  4.

Communication Skills 1.  2.  3.  4.

Social Skills 1.  2.  3.  4.

Attitude 1.  2.  3.  4.

Work Experience 1.  2.  3.  4.

Employment Skills 1.  2.  3.  4.

Level of Commitment to Employment 1.  2.  3.  4.

Please list any other additional comments after interview:

---

---

---

---

---

---

---

---

---

---

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

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

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

## WORKSHEET – INTERVIEW WITH FAMILY/FRIENDS – FORM 3b

(Page 1 of 4)

**PURPOSE:** To learn more about the individual, gain different perspectives from others in the individual's life, and to gather historical as well as current information. New and useful information is often gathered from people in the individual's life who know them well and have seen them in various roles in the community. Approximately 1 hour for each interview.

**Please check the box that best describes the person you are interviewing.  
Complete a separate Interview Worksheet for each person interviewed.**

- Family
- Friend
- Advocate
- Other (please list relationship): \_\_\_\_\_
- Other (please list relationship): \_\_\_\_\_

Name of interviewee: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long have you know the individual and in what capacity?

---

---

---

---

2. What are their strengths?

---

---

---

---

3. What are their weaknesses?

---

---

---

---

4. What are their likes/dislikes?

---

---

---

---

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

## WORKSHEET – INTERVIEW WITH FAMILY/FRIENDS – FORM 3b

(Page 2 of 4)

5. Have they ever volunteered before? If so, where and in what capacity? Did they enjoy it? Not enjoy it? Why?

---

---

---

6. Do they have any work history? If so, please describe the job(s) and/or duties:

---

---

---

7. Do you think they had a positive experience(s)? Why? Why not?

---

---

---

8. Have they had job coaching services in the past? Did you think the person found the supports on the job helpful? Do you feel they would benefit from employment supports?

---

---

---

9. Have they taken any other vocation or career training classes? Hobby, self-improvement, leisure classes?

---

---

---

10. How do they best take direction? (check one)

Written     Verbal     Demonstration     Other: \_\_\_\_\_

11. Do you know if they will need any specific learning accommodations? (check one)     Yes     No

12. Do they have any physical challenges/limitations that may impact employment?

---

---

13. How do they prepare for the day? Does anyone help them get ready? What do they do independently at home?

---

---

---

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

## WORKSHEET – INTERVIEW WITH FAMILY/FRIENDS – FORM 3b

(Page 3 of 4)

14. Does the individual get along well with others? How does the person react when someone hurts their feelings?

---

---

15. Does the person get any help with stress management or dealing with frustration? If so, who helps them with this? How often?

---

---

---

16. What does their week look like? What is their availability for engaging in this program during the week? What about the weekends?

---

---

---

17. How independent is the person in the community? Does he/she go places alone, etc.?

---

---

18. Does the person have reliable transportation? Have they ever utilized public transportation? Are you comfortable with them utilizing public transportation and /or training for this program?

---

---

---

19. Please list any specific skills this individual has (for example: typing): In your opinion, what type of work is this individual best suited?

---

---

---

20. Are there any new skills that you would like them to focus on? What comes to your mind as a possible barrier to employment (if any)?

---

---

---

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

## WORKSHEET – INTERVIEW WITH FAMILY/FRIENDS – FORM 3b

(Page 4 of 4)

21. Is the person motivated to work? What qualities does this individual have that indicate they are ready to work?

---

---

---

22. Is there anything other information that comes to mind about the individual that you'd like us to know?

---

---

---

23. What do you think might be the greatest challenge to working in the community?

---

---

---

Please list any other additional comments after interview:

---

---

---

---

---

---

---

---

---

---

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

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

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

## WORKSHEET – INTERVIEW WITH SUPPORT STAFF – FORM 3c

(Page 1 of 4)

**PURPOSE:** To learn more about the individual, gain different perspectives from others in the individual's life, and to gather historical as well as current information. New and useful information is often gathered from people in the individual's life who know them well and have seen them in various roles in the community. Approximately 1 hour with each interview.

**Agency MUST interview one staff person from every current OPWDD service that the individual is enrolled in. Complete a separate Interview Worksheet for each person interviewed.**

**Please check the box that best describes the person you are interviewing.**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Day Services Staff                     | Corresponding HCBS Waiver Service: |
| <input type="checkbox"/> Direct Support Professional            | Corresponding HCBS Waiver Service: |
| <input type="checkbox"/> Other Paid Staff                       |                                    |
| <input type="checkbox"/> Other (please list relationship) _____ |                                    |
| <input type="checkbox"/> Other (please list relationship) _____ |                                    |

NAME of interviewee: \_\_\_\_\_

DATE: \_\_\_\_\_

1. How long have you known the individual and in what capacity?

---

---

2. What are their strengths?

---

---

3. What are their weaknesses?

---

---

4. What are their likes/dislikes?

---

---

5. Have they ever volunteered before? If yes, where and in what capacity? Did they enjoy it? Not enjoy it? Why?

---

---

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

## WORKSHEET – INTERVIEW WITH SUPPORT STAFF – FORM 3c

(Page 2 of 4)

6. Do they have any work history? If so, please describe the job(s) and/or duties:

---

---

---

7. Do you think they had a positive experience(s)? Why? Why not?

---

---

---

8. Have they had job coaching services in the past? Did you think the person found the supports on the job helpful? Do you feel they would benefit from employment supports?

---

---

---

9. Have they taken any other vocational or career training classes? Hobby, self-improvement, leisure classes?

---

---

---

10. How do they best take direction? (check one)

Written

Oral

Shown

Other:

---

11. Do you know if they will need any specific learning accommodations? (check one)  Yes  No

12. Do they have any physical challenges/limitations that may impact employment?

---

---

13. How do they prepare for the day? Does anyone help them get ready? What do they do independently at home?

---

---

14. Does the individual get along well with others? How does the person react when someone hurts their feelings?

---

---



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

## WORKSHEET – INTERVIEW WITH SUPPORT STAFF – FORM 3c

(Page 3 of 4)

15. Does the person get any help with stress management or dealing with frustration? If so, who helps them with this? How often?

---

---

16. What does their week look like? What is their availability for engaging in this program during the week? What about the weekends?

---

---

---

17. How independent is the person in the community? Does he/she go places alone, etc.?

---

---

18. Does the person have reliable transportation? Have they ever utilized public transportation? Are you comfortable with them utilizing public transportation and /or training for this program?

---

---

---

19. Please list any specific skills this individual has (for example: typing): In your opinion, what type of work is this individual best suited?

---

---

---

20. Are there any new skills that you would like them to focus on? What comes to your mind as a possible barrier to employment (if any)?

---

---

---

21. Is the person motivated to work? What qualities does this individual have that indicate they are ready to work?

---

---

---

22. Is there anything other information that comes to mind about the individual that you'd like us to know?

---

---

---

# PATHWAY TO EMPLOYMENT

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

## WORKSHEET – INTERVIEW WITH SUPPORT STAFF – FORM 3c (Page 4 of 4)

Please list any other additional comments after interview:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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

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

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

## WORKSHEET – OBSERVATION OF INDIVIDUAL – FORM 4

(Page 1 of 3)

### (Use Separate Sheet for Each Observation)

**PURPOSE:** Observing an individual in different settings can reveal strengths and weakness. People do not behave in the same way, they react to their environment. For example, an individual in a community setting may be shy, but at a site-based program they are outgoing and friendly. This section collects that factual information. This information will be used to identify gaps and career development needs. Approximately 8 hours of total observation are recommended in three or more locations.

Location of observation: \_\_\_\_\_ # Hours Observed \_\_\_\_\_

Address of observation: \_\_\_\_\_  
\_\_\_\_\_

Program Type:  Day Hab  Pre Voc  Workshop  SEMP  Residence/Home  
 Comm. Hab  Other

a. Activity being observed:

- Recreational Activity
- Volunteer Tasks in Community
- Workshop Work
- Paid Employment
- Home Activities

b. Exact tasks being observed:

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

c. Through observation, what tasks was the person able to successfully complete?

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

d. Level of staff support:  1:1  1:\_\_\_\_\_  Group  Independent

e. Performance of tasks:  Excellent/Independent  Good  Fair

f. What type of assistance was needed if any (i.e. redirection, hand over hand)?

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

g. Observed physical limitations:

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

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

## WORKSHEET – OBSERVATION OF INDIVIDUAL – FORM 4

(Page 2 of 3)

h. Personal hygiene:     Good     Needs Improvement

i. Interaction with staff:     Cooperative     Friendly     Anxious  
    Shy     Outgoing

j. Interaction with peers:     Cooperative     Friendly     Anxious  
    Shy     Outgoing

k. Did the individual interact with community members?     Yes     No

l. Does it appear that the individual is able to follow directions?     Yes     No

m. Does it appear that the person was productive?     Yes     No

If no, what prevented the individual from being productive?:

\_\_\_\_\_

\_\_\_\_\_

n. Behaviors noticed:

\_\_\_\_\_

\_\_\_\_\_

o. List 3 positive behaviors that would be transferrable to employment:

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

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

3. \_\_\_\_\_

p. List 2 challenges that might hinder employment

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

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

q. List 3 Positives and at least 1 challenge of the observations that would be transferrable to employment or would hinder employment (2 questions)

Positives

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

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

3. \_\_\_\_\_

Challenge(s)

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

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

3. \_\_\_\_\_

# PATHWAY TO EMPLOYMENT

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

## WORKSHEET – OBSERVATION OF INDIVIDUAL – FORM 4

(Page 3 of 3)

Other comments:

---

---

---

---

---

---

---

---

---

---

---

---

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

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



# Supported Employment Management creates the Action Plan for Pathway to Employment Services



- Meet with the person and their support team to review the results from the information gathered on the various worksheets and complete **Form 5 - Action Plan for Pathway to Employment Services**.
- Based on the results of the initial information gathered develop the **Action Plan** to include community volunteer/work situational assessments and other career development tools.
- Determine which members of the person's support team will assist with each activity in the Action Plan. Complete **Form 5 - Action Plan for Pathway to Employment Services**.





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

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

(Page 1 of 5)

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

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

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

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

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

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

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

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

Which instructional strategies work best for the person?

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

# PATHWAY TO EMPLOYMENT

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

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

(Page 2 of 5)

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

Business Name	Work Title	Duties	Dates Employed	Reason for Leaving

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

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

(Page 3 of 5)

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

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

Attendees Names:	Affiliation:	Attendees Names:	Affiliation:

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

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

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

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

# PATHWAY TO EMPLOYMENT

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

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

(Page 4 of 5)

### Meeting Agenda:

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

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

# PATHWAY TO EMPLOYMENT

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

(Page 5 of 5)

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

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

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



# Implement the Action Plan for Pathway to Employment Services



- Implement at least 2 career development tools in addition to volunteer/work experiences. **Complete Form 6 - Career Development Activities Worksheets** (*one for each activity*).
- Develop and support the person in at least 4 community-based volunteer/work situational assessments in at least 4 different vocational areas. Complete **Form 7 - Community-Based Volunteer/Work Situational Assessment Worksheets** (*one for each activity*).
- Communicate regularly with the individual, family and support team all progress and challenges Make adjustments to the plan, as needed.





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

## FORM 6 - CAREER DEVELOPMENT ACTIVITIES

(Page 1 of 2)

# WORKSHEET

**PURPOSE:** Various career development tools are used to learn additional information about the person's career interests and skills. These formats allow the person and their staff to research and gain insight into various career options. These activities will prepare for experiential learning in community environments to evaluate the person's specific work skills, social skills and career interests.

One worksheet is used for each career development activity. Use corresponding worksheets for volunteer jobs, community-based work assessments, interviews, etc.

**Check which activity was used and describe the activity:**

- Career Assessment Tools: \_\_\_\_\_
- Job-Readiness Classes: \_\_\_\_\_
- Vocational Skill Classes: \_\_\_\_\_
- Job Shadowing: \_\_\_\_\_
- Interviewing Business Managers: \_\_\_\_\_
- Researching Career Options: \_\_\_\_\_
- Resume and/or Interviewing Classes: \_\_\_\_\_
- Other (List): \_\_\_\_\_

1. What new skills did the person learn or enhance?

---

---

---

2. What new interests did the person express?

---

---

---

3. Does the person have any related experience in this newly expressed interest area?

- Yes     No     N/A

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

FORM 6 - CAREER DEVELOPMENT ACTIVITIES

(Page 2 of 2)

4. Did the person demonstrate any specific work tasks or work factor dislikes?

- Yes No N/A

If yes, describe: \_\_\_\_\_

5. Briefly describe any skills that the person had difficulty retaining or using appropriately.

\_\_\_\_\_

6. What is the plan for the person to use these skills or interests in community experiences?

\_\_\_\_\_

7. Describe any other pertinent observations:

\_\_\_\_\_

# PATHWAY TO EMPLOYMENT

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

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

## WORKSHEET – Estimate of Impact of Wages on Benefits – FORM 6A (Page 1 of 2)

Individual Name: \_\_\_\_\_ Date: \_\_\_\_\_

At the present time, you may be receiving benefits like SSI, SSDI, Food Stamps, Medicaid or other benefits. As an employee you will be earning **at least minimum wage** per hour, and this may reduce the amount of money you receive.

**We are asking that you complete the information below so that you will have an understanding of how your benefits may be reduced.** Complete both sections. The first section should reflect the amount of benefits you currently receive when not working. Then below should reflect the approximate amount of benefits you will receive once you are earning an estimated pay amount per week (based on your desired work hours). You should consult with your service coordinator to assist you in completing this form. You may also contact the New York State Toll-Free Work Incentives Hotline at **1-888-224-3272** (see more information on back of this form) to assist in calculating benefits. In addition, you can visit [www.opwdd.ny.gov](http://www.opwdd.ny.gov), Resources, Benefit Information.

### 1. Current Monthly Benefit Amounts received are as follows:

SSI \_\_\_\_\_

SSDI \_\_\_\_\_

Section 8 \_\_\_\_\_

Food Stamps \_\_\_\_\_

Other: \_\_\_\_\_

**Current Total:** \_\_\_\_\_

### 2. New Monthly Amount Received When Earning With Estimated Monthly Earnings:

SSI SSDI \_\_\_\_\_

Section 8 \_\_\_\_\_

Food Stamps \_\_\_\_\_

Other: \_\_\_\_\_

Estimated Monthly Wages \$ \_\_\_\_\_

**New Total:** \_\_\_\_\_

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

9/21/14

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

## WORKSHEET – Estimate of Impact of Wages on Benefits – FORM 6A (Page 2 of 2)

### New York State Toll-Free Work Incentives Hotline:

1.888.224.3272 Voice

1.877.671.6844 TDD

The New York Makes Work Pay Initiative believes that to close the employment gap for New Yorkers with disabilities, information is key. New Yorkers with disabilities and their supporters need access to timely, relevant and accurate information pertaining to how benefits are impacted by work. Further, we know that information is not enough and that subsequently those same New Yorkers need to be connected with individuals and organizations that can assist them in creating and maneuvering a path to employment and increased economic well-being.

Through a contract with Cornell and Neighborhood Legal Services (NLS) of Buffalo, the New York Makes Work Pay Initiative offers a statewide, toll-free *Work Incentives Hotline* to answer calls on a wide range of issues related to benefits and work. The hotline is available during business hours on Monday through Friday, except on holidays, and every effort will be made to return calls the same day or within one business day.

Two of NLS's experienced benefits and work incentives practitioners, Krista McDonald and Marta Santiago, provide services to callers in both English and Spanish. Generally, any call related to SSI, SSDI, Medicaid and Medicare is appropriate for the hotline. Hotline staff also have more general expertise on a range of other issues, including: public and subsidized housing issues; eligibility for state vocational rehabilitation services through the Office of Vocational and Educational Services for Individuals with Disabilities and the Commission for the Blind and Visually Handicapped; and public assistance issues. In some cases we may refer callers to others who can answer specific questions or offer advocacy services.

The *Work Incentives Hotline* is designed as a short-term service to provide information and technical assistance to individuals with disabilities and provider agency personnel, including individuals who provide some form of benefits and work incentives planning services. In most cases, the service request will be handled in 30 minutes or less. Where appropriate, our staff will research the issue and get back to the caller. The hotline should not be viewed as a substitute for the comprehensive services available through benefits and work incentives practitioners and Community Work Incentives Coordinators available from agencies funded through the Social Security Administration or other sources. Our hotline staff will be able to provide referral information to an agency in your region of the state that can provide that service.

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

## WORKSHEET – COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT – FORM 7

(Page 1 of 5)

**PURPOSE:** Observing and instructing an individual in community volunteer and work settings will allow the individual to discover new skills and interests AND realistically evaluate current skills and interests. Work performance is multi-faceted and includes various work skills in the areas of physical abilities, academic abilities, social skills, response to supervision, stamina, creativity, safety skills, etc. Community-based volunteer/work assessments allow the person to demonstrate their skills and abilities in various work environments as well as identify their strengths, needs and potential skills. Community-based work experiences also allow staff to identify the person’s learning style, individualized instructional strategies and motivators. This section collects information through observation, the individual’s response to instruction, the individual’s acclimation to the work environment, the work-site supervisor’s observations and the individual’s expressed preferences. Approximately 20+ hours are recommended for EACH community-based volunteer/work situational assessment.

**It is recommended that this process be used in a variety of volunteer/work experiences (at least 4 work experiences in at least 4 different work environments).**

**This worksheet is used for each individualized volunteer/work experience in the community and completed at the end of each experience to summarize the learning and progress.**

Which work environment best describes this volunteer/work experience?

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

Total # Hours Worked/Observed: \_\_\_\_\_ Location: \_\_\_\_\_

Duration - # of Weeks: \_\_\_\_\_

Weekly Volunteer/Work Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

## WORKSHEET – COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT – FORM 7

(Page 2 of 5)

Type of Experience:

- Community-based Volunteer Experience
- Community-based Paid Work Experience

Rating Scale: \*Level of Instruction– I-Independence, P-prompts, V-Verbal Instruction, PA-Physical Assistance

		Level of Instruction*	Like or Dislike Task (L or D)	Quality (1-5 - most precise)	Work Pace (1-5- fastest)	Level of Independence (1-5- no assistance)
	<b>ASSIGNED TASKS</b>					
1						
2						
3						
4						
5						
6						
7						

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

## WORKSHEET – COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT – FORM 7

(Page 3 of 5)

List any tasks the person did not want to or could not perform (list the task and describe the reasons).

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

Which areas did the person need the most support (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Attention to task               | <input type="checkbox"/> Following the task schedule |
| <input type="checkbox"/> Productivity                    | <input type="checkbox"/> Managing their time         |
| <input type="checkbox"/> Learning the tasks              | <input type="checkbox"/> Customer service            |
| <input type="checkbox"/> Quality control                 | <input type="checkbox"/> Adapting to distraction     |
| <input type="checkbox"/> Coworker interaction            | <input type="checkbox"/> Asking for help             |
| <input type="checkbox"/> Following instructions          | <input type="checkbox"/> Stamina                     |
| <input type="checkbox"/> Physical strength/agility       | <input type="checkbox"/> Troubleshooting problems    |
| <input type="checkbox"/> Appropriate public conversation | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Managing stress                 |  |

### INTERPERSONAL SKILLS:

1. Did the person dress and groom according to the volunteer/work standards?     Yes     No  
If not, what were the areas for improvement? \_\_\_\_\_

2. Did the person keep conversation topics appropriate for and not overly personal?  
 Yes     No

3. Did the person respond politely and quickly to supervisor requests?     Yes     No

4. Responds calmly to changes in routine?     Yes     No

5. Understands and responds to task requests from supervisor?     Yes     No

6. Can the person respond to coworker or "customer requests"?     Yes     No

7. Does the person interact with coworkers and customers in a positive manner?     Yes     No





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

## WORKSHEET – COMMUNITY-BASED VOLUNTEER/WORK SITUATIONAL ASSESSMENT – FORM 7

(Page 5 of 5)

### Other Skills:

1. What transportation skills did the person demonstrate?

(Check all that apply without staff assistance)

- |   |  |
|---|--|
| <input type="checkbox"/> Safely crosses streets                                   | <input type="checkbox"/> Drives a car                                  |
| <input type="checkbox"/> Walks 3 blocks or more                                   | <input type="checkbox"/> Can take taxi-cabs                            |
| <input type="checkbox"/> Uses public bus  | <input type="checkbox"/> Needs staff assistance for all transportation |
| <input type="checkbox"/> Can take public disability-related transportation system |  |

2. What safety skills did the person demonstrate? (check all that apply)

- Uses caution with equipment
- Notifies people when leaving an area (as appropriate)
- Navigates work area safely

3. How much time alone did the person have at the community volunteer work/job (hours per day)? \_\_\_\_\_

4. Did the person like this type of work?     Yes     No

5. How could they explore more options related to this type of work?

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

6. If the person liked the volunteer/work tasks, what additional vocational skills would the person need to build to be successful in this type of work?

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

7. What additional interpersonal skills would the person need to build need to build to be successful in this type of work?

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

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

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



# Supported Employment Staff Complete the Initial Pathway to Employment Discovery Report



- Meet with the person, family and their support team to review the results of the career development activities and community-based volunteer/work situational assessments and make recommendations. Supported employment staff must be included in this step.
- Complete the Discovery Report **Form 8 (pages 1-10)** with the individual, family and support team.
- When completed, Pathway to Employment staff submit pages 1-10 of the Discovery Report to ACCES-VR.
- Develop a plan for the final phase of the Pathway to Employment services.



## PATHWAY TO EMPLOYMENT

**Name:** \_\_\_\_\_

**TABS ID #:** \_\_\_\_\_

### FORM 8 - DISCOVERY REPORT

(Page 1 of 12)

Date Preliminary Report Completed: \_\_\_\_\_ Date Final Report Completed: \_\_\_\_\_

**PURPOSE:** Summarize information relevant to employment and analyze and synthesize this information to make recommendations for meeting the individual's career and vocational goals. The Discovery Report and recommendations must be completed then reviewed and approved by supported employment services management.

If job development is recommended, a job developer would use this to develop a job that matches the individual's skills and abilities. If other services are recommended, the support team can use the information to design services that will help the person achieve their vocational goals.

<b>Assessment/Activity</b>	<b>Total Number of Hours</b>
Review of File	_____
Interviews: Individual, Family, Friends	_____
Interviews: Support Staff	_____
Observed at Community Based Job/Volunteer	_____
Participated in Community Based Job/Volunteer	_____
Job Readiness/Career Exploration Activities	_____

#### REVIEW FILE

After reviewing the Review File WORKSHEETS, summarize the information by answering the following:

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

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

Learning Style: \_\_\_\_\_

Adaptive Behavior Scale Information: \_\_\_\_\_

## PATHWAY TO EMPLOYMENT

**Name:** \_\_\_\_\_

**TABS ID #:** \_\_\_\_\_

### FORM 8 - DISCOVERY REPORT

(Page 2 of 12)

Employment History:

Briefly summarize the person's paid employment history:

<u>Business Name</u>	<u>Date</u>	<u>Title</u>	<u>Reason for Leaving</u>

Noted behaviors that would impact employment:

---



---



---



---



---

**PATHWAY TO EMPLOYMENT**

**Name:** \_\_\_\_\_

**TABS ID #:** \_\_\_\_\_

**FORM 8 - DISCOVERY REPORT**

(Page 3 of 12)

**INTERVIEWS**

After reviewing the Interview WORKSHEETS, summarize the information by answering the following:

Person's stated work preferences:

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

Read through all interviews and select 5 things that would impact the person's ability to obtain or maintain employment (For example, family concerns, hygiene, likes, and dislikes):

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

Employment history and reasons why the person states they left the job or volunteer activity:

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

**PATHWAY TO EMPLOYMENT**

**Name:** \_\_\_\_\_

**TABS ID #:** \_\_\_\_\_

**FORM 8 - DISCOVERY REPORT**

(Page 4 of 12)

**PATHWAY TO EMPLOYMENT ACTION PLAN**

Summarize the recommended volunteer/employment and career development activities in the Action Plan:

---

---

---

**CAREER DEVELOPMENT ACTIVITIES**

What career development activities did the individual complete (career assessments, job readiness classes, job shadowing, vocational classes, etc.)?

---

---

---

What skills and interests did the person gain from these career development activities?

---

---

---

What skills does the person need to improve or develop in order to be successful in employment?

---

---

---

Is the individual and family and support team in agreement with seeking employment? Are there any restrictions regarding hours/wages?

---

---

---



# PATHWAY TO EMPLOYMENT



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

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

## FORM 8 - DISCOVERY REPORT

(Page 5 of 12)

### COMMUNITY-BASED VOLUNTEER/WORK EXPERIENCES

After reviewing ALL of the WORKSHEETS for AT LEAST **FOUR** separate volunteer/work settings, answer the following questions. SUMMARIZE by selecting EIGHT DUTIES/TASKS from the WORKSHEETS and completing the rating scales.

\*Level of Instruction Rating Scale – I-Independence, P-prompts, V-Verbal Instruction, PA-Physical Assistance

	Task/Duties	Level of Instruction*	Like or Dislike Task (L or D)	Quality (1-5-most precise)	Work Pace (1-5-fastest)	Estimated Percent of Independence
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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

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

FORM 8 - DISCOVERY REPORT

(Page 6 of 12)

List 3 positive traits that would assist in obtaining and maintain employment:

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

List 3 challenges that would hinder employment:

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

**CAREER AND VOCATIONAL PLAN - PHASE 1 (preliminary)**

*The SEMP Director/Manager should complete Column 1, 2, and 3 based on all of the information that they have read. The SEMP Director/Manager should meet with the individual to PRIORTIZE their Career Choices:*

SKILLS/TALENT	Level of Interest (1-5 highest) Based on Experience	Met with Person to Prioritize (Yes or No)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

PATHWAY TO EMPLOYMENT



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

FORM 8 - DISCOVERY REPORT

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

(Page 7 of 12)

AFTER MEETING WITH THE PERSON and PRIORITIZING their CAREER CHOICES, select the top 2 careers and complete the following information:

CAREER 1: \_\_\_\_\_

a. General duties for this career:

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

b. Where would these duties or tasks be performed within the local area?

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

c. For this job, does the person have?

- Required Physical Skills [ ] Yes [ ] No
Communication Skills [ ] Yes [ ] No
Interpersonal Skills [ ] Yes [ ] No
Reading or Math Skills [ ] Yes [ ] No
Schedule Availability [ ] Yes [ ] No
Specific Prior Experience [ ] Yes [ ] No
(Work or Volunteer)
Reasoning/Judgment Ability [ ] Yes [ ] No
Ability to Perform Duty 1 (above) [ ] Yes [ ] No
Ability to Perform Duty 2 (above) [ ] Yes [ ] No
Ability to Perform Duty 3 (above) [ ] Yes [ ] No
Transportation is available [ ] Yes [ ] No
Appearance [ ] Yes [ ] No

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

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

FORM 8 - DISCOVERY REPORT

(Page 8 of 12)

d. What environmental factors are needed for this person to be successful on this job?

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

e. Natural supports that would be required:

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

f. Would a job need to be customized, if so in what area?

\_\_\_\_\_

\_\_\_\_\_

g. What percentage of the job could be performed independently?

\_\_\_\_\_

\_\_\_\_\_

h. Where might these jobs be available? List 5 places:

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

Other comments related to person's potential employment in the career:

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

## PATHWAY TO EMPLOYMENT

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

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

### FORM 8 - DISCOVERY REPORT

(Page 9 of 12)

**CAREER 2:** \_\_\_\_\_

a. General duties for this career:

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

b. Where would these duties or tasks be performed within the local area?

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

c. For this job, does the person have?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Required Physical Skills                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communication Skills                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interpersonal Skills                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reading or Math Skills                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Schedule Availability                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specific Prior Experience<br>(Work or Volunteer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reasoning/Judgment Ability                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ability to Perform Duty 1 (above)                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ability to Perform Duty 2 (above)                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ability to Perform Duty 3 (above)                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transportation is available                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appearance                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

d. What environmental factors are needed for this person to be successful on this job?

\_\_\_\_\_

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

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

FORM 8 - DISCOVERY REPORT

(Page 10 of 12)

e. Natural supports that would be required:

\_\_\_\_\_

f. Would a job need to be customized, if so in what area? \_\_\_\_\_

g. What percentage of the job could be performed independently? \_\_\_\_\_

h. Where might these jobs be available? List 5 places:

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

Other comments related to person's potential employment in the career:

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

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

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

# Request Recommendations from ACCES-VR



- At 200 hours, submit **Form 8 (pages 1-10)** of the **Pathway to Employment Discovery Report** to ACCES-VR.
- If approved, apply for ACCES-VR services.
- Continue to complete Pathway to Employment Services and complete the Career/Vocational Plan while the ACCES-VR application is being processed.
- If it is determined that the person needs additional employment experience and/or training include recommendations in the final Career/Vocational Plan.





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

## REQUEST FOR ACCES-VR REVIEW

OPWDD will distribute this  
form shortly with a list of  
ACCES-VR contacts.



# Prepare the Final Discovery Report and Career/Vocational Plan



- The Supported Employment Staff synthesize the Pathway to Employment Discovery Report information, person-centered planning input and ACCES-VR recommendations to **complete the final Form 8 (pages 11-12) - Discovery Report and Career/Vocational Plan.**

- Include in the Career/Vocational Plan the **next steps** and determine which support team members will assist with each activity.



# PATHWAY TO EMPLOYMENT

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

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

## FORM 8 - DISCOVERY REPORT

(Page 11 of 12)

### ACCES-VR

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

After the Discovery Report is APPROVED by the SEMP Director, complete the REQUEST FOR ACCES-VR REVIEW FORM and attach this SECTION 8 - DISCOVERY REPORT (7 pages).

Pathway to Employment SERVICES SHOULD CONTINUE as planned. Once ACCES-VR recommendations are received, the services/activities can be adjusted to incorporate their suggestions to help further the individual develop vocational skills.

### CAREER AND VOCATIONAL PLAN - PHASE 2 (final)

*This section is should be completed AFTER you receive ACCES-VR recommendations.*

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

#### Based on the Discovery Process, I am recommending:

The person will not begin job development yet and will improve specific work skills related to their job interest through the following service(s):

List which specific work skills the person will develop: \_\_\_\_\_

Community Pre Voc     Day Hab     Job Readiness Training     Community Hab     Other: \_\_\_\_\_

The person will not begin job development yet and will improve interpersonal skills through the following service(s):

List which interpersonal skills the person will develop: \_\_\_\_\_

MH Supports     Community Pre Voc     Day Hab     Job Readiness Training     Community Hab     Other: \_\_\_\_\_

The person is ready for job development and will be enrolled in the following employment service:

ACCES-VR     ETP     SEMP     Other: \_\_\_\_\_

Completed by (print name):

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


# PATHWAY TO EMPLOYMENT

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

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

## FORM 8 - DISCOVERY REPORT

(Page 12 of 12)

### IMPLEMENTATION OF THE PHASE 2 (final) CAREER AND VOCATIONAL PLAN

Employment -Related Activity	List which services/program staff who will deliver this activity? (PV, DH, SEMP, ETP, ACCES-VR, Residential, Family, etc.).	Purpose of the Activity

Additional Comments: \_\_\_\_\_

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

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

SEMP Management Approval: \_\_\_\_\_ Print Name: \_\_\_\_\_

# Enroll the Person in the Services and Supports Recommended in the Career/Vocational Plan



■ If supported employment is recommended enroll the person in ACCES-VR and OPWDD supported employment services. Agencies may continue with Pathway to Employment services, as appropriate, until the hours are utilized or person is ready to begin employment services.

- If it is determined that the person needs additional employment experience and/ or training enroll the person in other community-based programs (ETP, SEMP, CH, DH, CSS, CPV, etc.) to continue building community experience, skills, independence, career opportunities, etc.



