

# The Vocational Development Plan

**Innovations in Employment Supports**

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

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

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

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

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

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

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

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

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

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## OBSERVATION OF THE INDIVIDUAL WORKSHEET

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

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

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

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

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

Activities observed:

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

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

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

How did the individual react to the activities and environment?

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

Describe the individual's safety skills / environmental awareness:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

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What motivated or demotivated the individual and why?

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

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Who supported the individual with the activities?

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

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

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

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

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

Personal hygiene:

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

Interaction with staff:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Interaction with peers:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Interaction with members of the community:

N/A  Cooperative  Friendly  Anxious  Shy  Outgoing

Describe the positive qualities observed that are transferrable to employment:

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Describe the challenges observed that could hinder employment:

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

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

Observer's additional comments:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## OBSERVATION OF THE INDIVIDUAL WORKSHEET

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

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

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---

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

Activities observed:

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

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

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---

How did the individual react to the activities and environment?

---

---

Describe the individual's safety skills / environmental awareness:

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

---

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What motivated or demotivated the individual and why?

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

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Who supported the individual with the activities?

---

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

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

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

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

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

Interaction with staff:

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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:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

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

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

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

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENT WORKSHEET

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

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

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

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

Weekly Community-Based Experience/ Situational Assessment Schedule:

\_\_\_\_\_

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

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

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

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

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

- Yes  No

If No, what were the areas for improvement?

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

- Yes  No

Provide examples of the individual's conversation topics:

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

Yes  No

If No, why?

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

Yes  No

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

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

Yes  No  N/A

Requests from co-workers and/or customers?

Yes  No  N/A

Requests from vocational support staff?

Yes  No  N/A

Describe how the individual responded to requests from others:

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

Yes  No

Describe the individual's interactions with others:

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

Yes  No

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

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# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

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

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---

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

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

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

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

Assessor's additional comments:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENT WORKSHEET

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

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

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

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

Weekly Community-Based Experience/ Situational Assessment Schedule:

\_\_\_\_\_

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



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- 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:

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

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

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

**Supervision Needs:**

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

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

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**Identified Career Options:**

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

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

Additional Comments:

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **6. CAREER RESEARCH**

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

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

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

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

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

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

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

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





# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

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

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## **7. RECOMMENDATION**

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

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

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

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

**OR**

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

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

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

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

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

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



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

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

## REVIEW AND APPROVAL

ETP Discovery Report Completed by:

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

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

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

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

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

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

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

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

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

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

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

Approved for Job Development:

Yes  No

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

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

Additional Comments:

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## 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:**

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

Cc: Individual, Care Manager, Support Staff, Other