



PREVOCATIONAL SERVICES ANNUAL ASSESSMENT

(Fillable Form)

Assessments are important in determining whether an individual has a continued need for Site Based or Community Based Prevocational Services.

Purpose:

A provider must conduct an annual assessment to determine whether Prevocational Services continue to meet the individual's vocational needs. **This assessment MUST be conducted in a community based setting.** For site based prevocational enrollments, the assessment site MUST be in a different location than where the person regularly receives the site based prevocational services. When the assessment is completed, upload a copy in CHOICES and share the outcomes with the individual and their support team.

Annual Assessment Calendar Year:

 2025 2026 2027

Name of Individual

Tabs ID #

Provider Agency

Provider ID #

DDRO:

Enrollment Date for: Site Based:

Program Code:

Community Based:

Program Code:

Other OPWDD day services the individual receives. Please check off all that apply:

- Day Habilitation Day Habilitation w/out Walls Community Habilitation
 Supported Employment Pathway to Employment
 Community Prevocational Services Site Based Prevocational Services

Has this individual been informed of other available services? Yes No

Date of latest Life Plan: _____

Care Manager:

Name

Email Address

Care Coordination Organization (CCO) Name:

List three (3) Vocational Tasks and/or Skills the individual has worked on in the last year:

1.
2.
3.

Volunteer/Community Situational Assessment
(Prevocational Annual Assessment)

- 1. **Business/Organization Name/Site:**

- 2. **Business/Organization/Site Address:**

- 3. **Date(s) of Assessment:**

- 4. **Length of Assessment (number of hours):**

Additional Assessment site information (if multiple sites were used):

Tasks Performed:

1.	
2.	
3.	
4.	

Describe the interactions observed during this situational assessment with the general public, customers, and coworkers:

General Public:

Customers:

Coworkers:

List three positive behaviors/skills observed during this situational assessment that could be transferable to competitive employment:

1.

2.

3.

List three challenges observed during this situational assessment that would impact the individual's ability to obtain or maintain competitive employment:

1.
2.
3.

Did the individual enjoy the volunteer/community activities? Yes No

Would the individual benefit from additional volunteer/community activities? Yes No

If yes, describe what actions will be taken to offer additional opportunities.

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If no, explain why not?

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Does the individual have a written Discovery Report or Career/Vocational Plan:

Yes No

Note: Prevocational Staff Action plan is not a full Career/Vocational Plan

If yes, have you considered: Employment Training Program (ETP)

Yes No

Supported Employment (SEMP)

Yes No

Pathway to Employment (PTE)

Yes No

Describe what actions will be taken.

If no, have you considered: Employment Training Program (ETP)

Yes No

Pathway to Employment (PTE)

Yes No

Describe what actions will be taken.

If the decision was made NOT to pursue ETP, SEMP and/or PTE describe the specific actions/supports that will be delivered through prevocational services.

(List at least 3)

1.
2.
3.

Provide any other information that would demonstrate the individual's need for continued enrollment in site based or community based prevocational services.

Completed By (Printed Name)

Title

Email address

Date Completed

The following section to be completed by the Provider Agency Director/Manager/Supervisor of Prevocational Services.

I have reviewed the Prevocational Assessment and agree with the content of the assessment as well as the recommended actions.

Reviewer/Approver (Printed Name)

Title

Email address

Date Reviewed/Approved

When completed please upload the assessment into CHOICES. Instructions are located on the following page or go to the OPWDD CHOICES webpage https://opwdd.ny.gov/opwdd_login/choices

Uploading Prevocational Services Annual Assessments in CHOICES

Document Naming Convention:

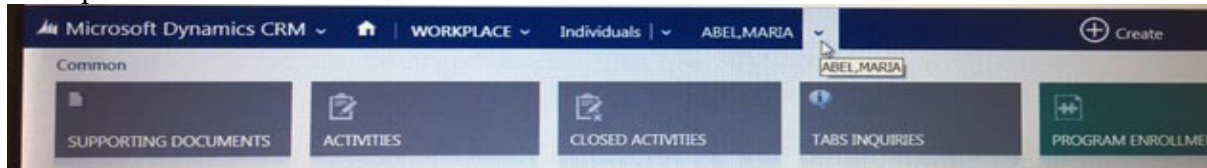
LastName_FirstName_TABSID_YYYY_MM_DD_DocumentName

Example: Consumer_Jon_12345_2012_09_01_CBPV_Annual_Assessment
(use the **date** the assessment was completed as listed on the form)

In the CHOICES choose the following commands:

- ⇒ **Workplace**
- ⇒ **Individual**
- ⇒ **Supporting Documents**
- ⇒ **Create**

Example:



- ⇒ **New**

Example:

- ⇒ **Upload File**

Example:

- ⇒ **Add Additional Information About Document Uploaded**
- ⇒ **Document Class = Assessment (drop down list)**
- ⇒ **Type = Vocational Assessment (drop down list)**
- ⇒ **Subtype = Community Based Prevoc or Site Based Prevoc (drop down list)**
- ⇒ **Save or Save and Close**

Example:



**If you need further assistance, go to the OPWDD CHOICES webpage,
https://opwdd.ny.gov/opwdd_login/choices.**