



**Office for People With
Developmental Disabilities**

Pathway To Employment

Workbook

NYS Office for People With Developmental Disabilities

44 Holland Avenue, Albany, NY 12229

www.opwdd.ny.gov

Pathway to Employment Workbook

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

Introduction to the Pathway to Employment Workbook

Welcome to OPWDD's Pathway to Employment!

What is the purpose of this workbook?

This workbook facilitates the gathering of information relevant to employment and the analysis and synthesis of that information into a recommendation for meeting the person's career and vocational goals. Discovery through Exposure, Exploration, Experience, Evaluation, Education and Empowerment will also prepare the person for competitive employment. Pathway to Employment services result in a comprehensive Career and Vocational Plan with recommendations for next steps to employment and/or future vocational goals.

How should this workbook be used?

Staff will complete the entire Pathway to Employment Workbook which includes the Career, Vocational and Transition Plan. The Pathway to Employment process is limited to 425 hours and must be completed within 1 year.

The workbook sections include Purpose, Instructions, Activities, and links to the appendix for resources. The Career Vocational and Transition plan must be completed. After completion they are reviewed and approved by your Supported Employment Services Management.

After the workbook and report have been reviewed and approved by the manager, the Pathway to Employment participant and their support team will meet to begin the transition process to the right service. The team will discuss employment services or other community-based services that best implement the vocational goals recommended.

Upon completion of the Pathway to Employment Workbook, if job development is recommended, a comprehensive targeted job development plan will be created. The Job Developer can use this information to develop a job that matches the individual's skills and abilities, and the job coach can use the information for individualized job coaching. If other services are recommended, the support team can use this information to coordinate services that will help the individual achieve their vocational and employment goals.

Full Workbook can be found at www.Eleversity.org

Refer to the Table of Contents to guide you through the Workbook.

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Pathway to Employment Introduction, Description & Services

Introduction:

- Pathway to Employment provides exposure to the world of work especially for individuals who need career planning and have limited work experiences in the community.
- Pathway to Employment is a time-limited service to assess an individuals' readiness for competitive employment in the community.
- Pathway to Employment services provide career planning, interest assessments, work experiences in the community, job-readiness skills training, and addressing challenges to employment.
- Pathway to Employment services result in a comprehensive Career and Vocational Plan with recommendations for next steps to employment and/or future vocational goals.
- Pathway to Employment services are targeted for individuals who have some experiences in community work or volunteer opportunities and need career planning, additional varied work experiences and to address any barriers to job retention.
- Individuals in day habilitation, prevocational services, transitioning from high school and those who have experienced challenges with job retention may be good candidates for Pathway to Employment.

Description:

- Pathway to Employment is a person-centered, career planning service designed to help individuals identify vocational strengths, skills, and interests.
- Pathway to Employment services are time-limited and can wrap around the individual's current activities and schedule.
- The service combines an individualized planning process with services designed to strengthen work-readiness skills and prepare individuals for the process of obtaining, maintaining, or advancing in competitive employment.
- The outcome of Pathway to Employment is a Career, Vocational and Transition Plan that provides specific recommendations for job development and referral to a supported employment program.
- Or the plan may result in recommendations to build additional skills and work experiences for future success in employment by using other appropriate services.

Services:

- The Pathway to Employment process is approved for 12 months or 425 hours, whichever comes first..
- However, services are typically completed within several months. Services may be provided individually and in small groups.
- Pathway to Employment is person-centered and flexible to meet each person's needs.
- A key feature of Pathway to Employment is the Discovery process, which identifies vocational goals based on an individual's strengths, interests, and experiences.

- Pathway to Employment activities are designed to comprehensively evaluate a person's previous experiences in the community, history, interests, support needs, interpersonal skills, work skills, stamina, and learning style to create an Activity Plan.
- Based on the information collected, individuals engage in at least three, varied community vocational experiences.
- Community vocational experiences offer opportunities for people to work for a short period of time in varied jobs to learn about the specific tasks required for that industry, learn about the work culture, and make informed decisions about job preferences.
- Staff use the vocational experiences to assess, identify customized supports, instructional techniques, environments, skills gaps, and potential accommodations needed for the person to be successful in the same or a similar job.
- Job readiness training includes learning about communication and interpersonal skills, interactions with coworkers and supervisors, how to adapt to changes in the workplace, task follow through, interview skills, and the general expectations at the workplace.
- Other career development activities may include job shadowing, researching specific jobs, transportation training, and financial/benefits planning.
- At the completion of Pathway to Employment services, a Career Planning Meeting is held with recommendation to start job development with a supported employment program or continued community work and volunteer experiences and building targeted work-related skills through other prevocational services.
- Pathway to Employment is time-limited and should be provided in a focused and cohesive manner.
- It is important when completing the Career, Vocational and Transition Plan to carry through learning when making job development recommendations or recommendation for the person to build more work skills and/or experiences prior to job development.
- A transition phase has been added to Pathway to Employment to make sure individual's transition to an employment service, if recommended, or other services/supports are completed.

To receive the Pathway to Employment service, the person must express an interest in work readiness or job preparation for competitive employment or self-employment and this must be listed as a goal in the person's Life Plan.

See regulations and ADM for a complete listing of all allowable services and procedures.

The Pathway to Employment Career, Vocational, and Transition Plan must be completed by the end of the service and uploaded in **CHOICES**.

Please carefully read the instructions in each section to complete the required and recommended activities.

Pathway to Employment Activities

Review the Person's History and Current Experiences in Files



Observe Person in the Community at Volunteer/Job and other Activities

And

Interview Person, Family, Friends & Support Staff



Meeting for Activity Plan with Person and Support Team



Participate in Community Based Vocational Experiences

And

Participate in Job Readiness Classes, Career Research, Career Exploration



Career Planning Meeting with Person and Support Team



Create a Career, Vocational and Transition Plan

- Planning with the Person and their Support Team
- Job Development and/or Vocational Development Plan
- Continued Employment-Related Skill Building and experiences

Pathway to Employment Activities and Recommended Service Hours

The following is a list of Pathway to Employment activities, the recommended number of hours and space for the staff to list the number of hours provided for each section, upon completion.

Discovery Activity	Recommended Hours	Actual Hours Provided
Review of Records	10	_____
Interviews of the Individual, Support Staff, Family, and Friends	5-10	_____
2 Observations of the Person	5-10	_____
Meet for Activity Plan	10	_____
Assessment Site Development	15-25	_____
Job Readiness & Career Exploration	55-85	_____
3 Community-Based Vocational Experiences* <small>*must meet the requirements per the ADM</small> (30-45 hours each)	90-135	_____
Benefits Advisement	5	_____
Career Research	10	_____
Discovery Report Findings	20	_____
Review & Recommendations	5	_____
Career Planning Meeting	10	_____
Other (Communication, Travel Time, Documentation, Planning Meetings)	50-08	_____
Transition to Employment / Other Services	10	_____
TOTAL	300-425	_____



Pathway to Employment Workbook

Section 1

Prepare for Pathway to Employment Services

Pathway to Employment Workbook

Before Starting Pathway to Employment

Before an agency can begin providing Pathway to Employment services and completing the workbook, the following steps will need to be arranged.

Throughout this section you will find guidance for each of the steps listed below.

- The person, support team and the Pathway to Employment provider plan meet to make sure Pathway to Employment is the right service.
- The Care Manager and the provider agency will work together to enroll the person in Pathway to Employment services prior to program implementation.
- The person will review Pathway to Employment services and, prior to beginning services, will sign a provider agency consent form to share information between past and present service providers, family, work references and other support team members.
- The Care Manager will update the Life Plan.
- The agency will complete a corresponding Staff Action Plan.

Consent to Share Information

During Pathway to Employment the provider agency will review documentation and communicate with various community partners related to the individual's work history, interests, and experiences.

In order to gain this information, the provider agency will need to have a signed consent form. This form is not provided by OPWDD.

When reviewing the consent form with the Pathway to Employment participant be sure to discuss all information that may be shared.

Below are examples of the information that would be shared.

Sample of activities that consent form should cover:

- Documentation / Records review (Life Plan, Psychological, IPOP, etc.)
- Interviews of support staff and family members related to support and services.
- Observation in programs and community activities.
- Approval for Pathway to Employment staff to share "general information" about the person's abilities, skills, support needs with community partners such as business and volunteer organizations.
- Information will also be shared with other service providers, family members, and other support team members.

Pathway to Employment Workbook

Staff Action Plan Instructions

The Staff Action Plan is an internal guidance document that takes information from the person's Life Plan and details the individual's needed safeguards, staff supports, and/or specific/detailed protective oversight measures to ensure the health and safety of the person receiving the habilitation service(s). Habilitation staff are responsible for implementing needed safeguards for the person.

When reviewing a Staff Action Plan, the habilitation provider must consider the individual's progress, including his/her accomplishments and the prevention of regression since the last review. Staff Action Plan reviews must include discussion about:

- the services and supports that have been provided since the last review
- what challenges have been experienced
- what new strategies or methodologies that may need to be implemented; and
- the individual's satisfaction with the plan.

Pathway to Employment ADM Staff Action Plan Requirements

The Pathway to Employment Service Delivery Plan developed by the agency providing Pathway to Employment services must conform to the Staff Action Plan requirements found in relevant Administrative Memoranda. For Pathway to Employment, the Staff Action Plan should clearly identify that the plan is for Pathway to Employment (i.e., titled "Pathway to Employment Plan"). The Pathway to Employment Plan must "cover" the time period of the Pathway to Employment claim.

The Staff Action Plan needs enough information for staff to provide individualized services and to be able to document the needed services. There are various options available in the Life Plan formats. Below are some examples of goals and staff actions that would apply to Pathway to Employment services. Other options are available within Life Plan formats based on the person-centered planning that occurs at the Life Plan meetings. There should be multiple goals/staff actions listed in the Life Plan so that a comprehensive Staff Action Plan can be developed to cover the person's individualized services and supports.

Examples of Goals/Valued Outcomes:

- Improve my work skills
- Learn work readiness skills
- Review available options to make an informed choice
- Explore available options
- Change my work situation
- Earn more money

Examples of Provider Assigned Goals/Staff Actions:

- Provide an assessment of work skills
- Provide an assessment of interests
- Teach skills for independent living
- Teach social skills
- Teach travel training
- Teach safety skills
- Teach work skills
- Teach work habits
- Teach to use public transportation
- Teach travel training

In order to bill for the range of services related to specific goals/valued outcomes, the Staff Action Plan should list all the allowable services as stated in the regulations or a general statement such as, "Staff may provide any of the allowable services to support this goal." Please see the Pathway to Employment administrative memo regarding required service documentation.

Insert Agency Name

Insert service(s) name(s) Staff Action Plan

Name of Individual: _____ Medicaid Number (CIN#): _____

Staff Action Plan Review Date: _____

Name of Care Coordination Organization: _____

Individual Habilitative Goals/Valued Outcomes (My Goal – Section II of Life Plan)

This section contains the individual's habilitative goals/valued outcomes derived from the individual's Life Plan. The habilitation service must relate to the individual's habilitative goals/valued outcomes. To support person-centered practices, each of the goals/valued outcomes identified must relate to a Council on Quality and Leadership (CQL) Personal Outcome Measure (POM) category.

Example: I want to live more independently in the community.

Provider Assigned Habilitative Goals (Section II of Life Plan)

This section contains the habilitation provider assigned (habilitative) goals derived from the individual's Life Plan which will be assigned as Goals (G), Supports (S), or Tasks (T). Tasks assigned in the Life Plan are not habilitative in nature and therefore do NOT meet the billing requirements to be a habilitation goal. Using the habilitative goals/valued outcomes identified above as the starting point, the details in this section describe the habilitation staff actions that will enable the individual to reach his/her goals/valued outcomes.

Example:

Provider Assigned (Habilitative) Goal: (G) Teach person to identify and respond to safety issues (environmental safety concerns, etc.)

Staff Action: Staff will teach me how to plan a trip, access transportation routes, and the means of paying for each leg of the trip. Staff will help me learn these skills at least 3x a week. (Provider must outline the detailed steps as to how this is achieved.)

Individual Safeguards/Individual Plan of Protection (IPOP) (Section III of Life Plan)

This section contains the habilitation provider assigned (safeguard) goals derived from the individual's Life Plan which will be assigned as Goals (G), Supports (S), or Tasks (T). Tasks assigned in the Life Plan are not habilitative in nature and therefore do NOT meet the billing requirements to be a habilitation goal. Using the individual safeguards/IPOP from Section III of the Life Plan as the starting point, this section must include detail and any internal guidance documents that outline the individual-specific protective oversight measures staff need to implement or ensure for the individual. For individuals receiving Individualized Residential Alternative (IRA) Residential Habilitation, the Residential Habilitation Staff Action Plan must meet the requirements of the Plan for Protective Oversight in accordance with 14 NYCRR Section 686.16.

Example:

Provider Assigned (Safeguard) Goal: (S) Provide the following supervision: Provide supervision in unfamiliar places I need the following accommodation to feel comfortable and safe: remember my communication system

Staff Action: Staff will provide supervision by maintaining [person] in visual field while teaching travel skills. Staff will ensure that [person's] communication system is available during activities while outside of home and will prompt [person] to use communication system during travel training activities. **Detailed expectations can be described within the staff action plan or internal guidance documents such as a Travel Plan or Communication Plan**

Signatures:

Staff Action Plan Author's Name: _____ Title: _____

Staff Action Plan Author's Signature: _____ Date: _____

Individual (optional): _____ Date: _____

Advocate (optional): _____ Date: _____

Supervisor/Reviewer (optional): _____ Date: _____

Links to OPWDD Guidance

[OPWDD.NY.GOV - HCBS Services Delivered Remotely](https://www.opwdd.ny.gov/hcbs-services-delivered-remotely)

[OPWDD.NY.GOV - Staff Action Plan Guidance](https://www.opwdd.ny.gov/staff-action-plan-guidance)

Pathway to Employment Workbook

Pathway to Employment Participant Information

Name: _____

TABS ID#: _____

Medicaid CIN#: _____

Address: _____

Phone #: _____

Birth Date: _____

DDRO Serving Person: _____

Care Coordinator Information

Care Coordination Organization: _____

Name: _____

Email: _____ Phone Number: _____

Provider Agency Information

Provider Agency Name: _____

Pathway to Employment Program Code: _____

Contact Name: _____

Email: _____ Phone Number: _____

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

☐ Community Based Pre-Voc Agency Name: _____

☐ Day Hab Agency Name: _____

☐ SEMP/ETP Agency Name: _____

☐ Community Hab Agency Name: _____

☐ Residential Agency Name: _____

☐ Site Based Pre-Voc Agency Name: _____

☐ Respite Agency Name: _____

☐ Other (list): _____

☐ **Individual signed HIPPA authorization to share information / consent form allowing programs and services documentation review, discussions, interviews, and observations.**

Completed by: _____

Date: _____



Section 2

Review the Person's History and Experiences

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

Review of Records Worksheet

Documents marked with * are required. Documents marked with ** are required if the person is currently enrolled in the service or was enrolled in the last 3 years.

Foundational Skills are broken into the following categories that have been color-coded throughout the document to assist you in completing the Discovery Report Findings.

Work Performance

Communication Skills

Personal Qualities

Self Regulation/Management

Records Obtained and Reviewed:

*Life Plan Dated: _____

Adaptive Behavior Scale

**School Records / IEP

**Prevocational

**OPWDD Supported Employment (SEMP)

*Psychological Report Dated: _____

IPOP (if applicable)

**Day Habilitation

**Community / Residential Habilitation

**ACCES-VR

Life plan / psychological / adaptive behavior / IPOP records:

Diagnosis: _____ Full Scale IQ: _____

Reading Level: _____ Mathematical Skills: _____

● Noted behaviors that could impact employment: *Attach Behavior Support Plan if applicable*

● Physical, Medical, and Mental Health needs:

● Other factors that could impact employment:

Name: _____


TABS ID#: _____


Agency: _____

DDRO: _____

☐ Reviewed the individual's Life Plan Safeguards and IPOP for time alone in the community.

 If time alone in the community is limited, describe conditions where the person can be independent:

 Describe any plans to increase the individual's independence in the community:

 From the Life Plan, list valued outcomes related to employment:

1. _____
2. _____
3. _____
4. _____

Select current service type(s) listed in the Life Plan:

Day Habilitation

Community Based Prevocational

Community Habilitation

Residential Habilitation

Site Based Prevocational

Supported Employment (SEMP)

Other (specify): _____

School Records / IEP: (if person left school less than 3 years ago)

Exit Date: _____ School: _____

Disability Classification: _____

Related Services: _____

Diploma / Credential: _____

1:1 Support / Aide

Yes No

Extended School Year


Yes No


Name: _____


TABS ID#: _____


Agency: _____

DDRO: _____

 Academic Performance:

 Student strengths / preferences / interests:

 Social Development:

 Management Needs / Support Needs in the Community:

 Transition Activities (attach Exit Summary if available):

 Summarize the individual's school related work experiences on the [Work Experience Summary Sheet](#)

Day Habilitation Records:

Never Participated

Previously Participated

Currently Participating

List 3 Day Habilitation Staff Action Plan Goals:

1. _____
2. _____
3. _____

 List Service Specific Safeguards:

 Summarize the individual's volunteer experiences on the [Work Experience Summary Sheet](#)

Prevocational Records:

Never Participated

Previously Participated

Currently Participating

☐ **Sheltered Workshop**

Dates: _____ Provider: _____

Reason for leaving: _____

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

☐ **Site Based Prevocational Services**

Dates: _____ Provider: _____

Est. # of Days/Week: _____ Location(s): _____
Paid Unpaid

Reason for Leaving: _____

☐ **Community Based Prevocational Services**

Dates: _____ Provider: _____

Est. # of Days/Week: _____ Location(s): _____
Paid Unpaid

Reason for Leaving: _____

 List 3 Site-Based and/or Community Based Prevocational Staff Action Plan Goals:

1. _____

2. _____

3. _____

List Staff Activities in support of the Plan:

 List Service Specific Safeguards:

 Summarize the individual's prevocational work experiences on the [Work Experience Summary Sheet](#)

Community / Residential Habilitation Records:

Never Participated

Previously Participated


Currently Participating

List 3 Community and/or Residential Habilitation Staff Action Plan Goals:

1. _____

2. _____

3. _____

 Summarize the individual's volunteer experiences on the [Work Experience Summary Sheet](#)

Name: _____ TABS ID#: _____

Agency: _____ DDRO: _____

OPWDD Supported Employment (SEMP) Records:

Never Participated	Previously Participated	Currently Participating
Previous ETP Discovery	Year: _____	Outcome: _____
Previous Pathway to Employment Discovery	Year: _____	Outcome: _____
Previous Job Development	Dates: _____	Outcome: _____
Working and being paid minimum wage or more	Current	Previous

- Summarize the individual's SEMP work experiences/previous employment on the [Work Experience Summary Sheet](#)

ACCES-VR Supported Employment Records:

Never Participated	Previously Participated
Provider: _____	
Dates active with ACCES-VR: _____	
Reason for ACCES-VR Closure: _____	

- List services funded by ACCES-VR and their outcomes. Note any assessments, work experiences, job development with type of job, placements with location / dates, travel training, and reasons for closure:

- Has the person completed any diagnostic vocational evaluations or other vocational assessments?
☐ Yes ☐ No If yes, attach a copy of the report(s)

- Summarize the individual's ACCES-VR work experience/previous employment on the [Work Experience Summary Sheet](#)

Benefit Information:

List the benefits that the person currently receives (SSI, SSDI, SNAP, Section 8, OPWDD ISS):

1. _____
2. _____
3. _____
4. _____
5. _____

Name: _____ TABS ID#: _____

Agency: _____ DDRO: _____

Has the person sought benefit advisement? Yes No

If the person has not sought benefit advisement, are they planning to? Yes No

If the person has sought benefit advisement, where and when was it provided?

Location / Agency: _____ Date: _____

Does the person understand that earning money might impact their benefits?

Yes No No Benefits

Does the person understand how and when to report their wages?

Yes No No Benefits

Who is responsible for supporting the person with reporting their wages?

Name: _____ Relationship: _____

What career development activities did the person complete such as career assessments, job readiness classes, job shadowing, vocational classes, etc.? What were the results of those activities?

Personal Identification Information:

Which two forms of identification does the person have available? One of which must have a photo

US Passport (unexpired or expired) – **Valid photo ID**

Permanent Resident Card – **Valid photo ID**

Alien Registration Receipt Card – **Valid photo ID**

Unexpired Foreign Passport – **Valid photo ID**

Driver's License or Photo ID Card– **Valid photo ID**

School or College ID Card (with photo) – **Valid photo ID**

Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B) – **Valid photo ID**

Photo ID Card issued by Federal, State or Local Government

US Issued Birth Certificate

Voter Registration Card

US Military Card or Draft Record

Military Dependent's ID Card

Coast Guard Merchant Mariner Card

Native American Tribal Document

Canadian Driver's License

US Social Security Card

Certificate of Birth Abroad (Issued by US Department of State)

Reviewer's additional comments after reviewing all records:

Completed by: _____

Date: _____

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Work Experience Summary Sheet

Instructions: Use this sheet to summarize all work and volunteer experiences found in the File Review. This sheet will be referenced throughout the workbook, and will be reviewed at meetings with the person, and their family / support staff. See example below on how to complete the chart.

Business Name	Dates Worked / Volunteered	Position / Duties	Program / Support	Specific Reason for Leaving
ABC Company	05/01/2018 – 08/01/2020	Stocking / Facing Shelves / General Cleaning	SEMP	Terminated: Attendance
Animal Shelter	07/01/2010 – Present	Cleaning animal crates / replacing water	Volunteer / Comm Hab	n/a

Business Name	Dates Worked / Volunteered	Position / Duties	Program / Support	Specific Reason for Leaving



Section 3

Interview the Person and Support Team

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[Skip to Career, Vocational, Transition Plan](#)

Pathway to Employment Workbook

Interviews of the Participant, Support Staff, Family and Friends

Purpose: To obtain various perspectives on the individual's background, progress, skills, abilities, preferences, experiences, and support needs through discussion of these subjects with the person and their stakeholders. Each perspective will provide information relevant to the individual's ability to obtain and/or maintain employment.

Instructions: Interview the participant, Care Manager, family and/or friends that know them well, and at least one support staff from each service they currently receive. It is recommended to also interview support staff from services they previously received. Complete an Interview Worksheet* for each interview. Interview Worksheets are provided in a separate document to be used as a guide. **Questions may be rephrased, omitted, or added as needed to obtain detailed information.** Compare the information gathered through all the interviews and summarize it in the Interview Summary Worksheet. Additional comments may be included separately if needed. Label additional comments with specific page numbers and questions.

Each thorough interview may require **1-2 Hours**; recommended total interview time is **5-10 Hours**

Foundational Skills are broken into the following categories that have been color-coded throughout the document to assist you in completing the Discovery Report Findings.

Work Performance

Communication Skills

Personal Qualities

Self Regulation/Management

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Agency: _____









DDRO: _____

Interview with Participant Worksheet

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 person. The person interviewing is encouraged to note all information that would be relevant to obtaining or maintaining employment.

Why do you think we are talking today?

Employment Staff: Provide explanation – This part of the Discovery is about getting to know each other, learning new things about you, exploring your past, present and future goals, and being honest with each other.

-  1. What do you like to do and feel you are good at?
-  2. What are things you do not like to do or are difficult for you?
-  3. What do you do when you do not like something, or it is difficult for you?
-  4. Where you are most comfortable and happy? Why?
-  5. Where do you not like to go? Where makes you uncomfortable? Why?
-  6. How would I know if you were uncomfortable?
-  7. What helps you feel better when you are in an uncomfortable situation or place?
-  8. How do you know if a person is a good employee?

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9. Why do you want a job and why do you think you would be a good employee?

10. What do you think you would need help with to be a good employee?

11. How do you learn new things? (ex. written instructions, practicing job with help, pictures/videos, being shown, trying on your own first, asking questions).

12. Tell me about what kind of work/volunteer experiences you have had:

Business/Organization	Tasks	Position/Duties	Challenges

Add to [Work Experience Summary Sheet](#)

13. Explain the reasons for leaving your previous job(s) or volunteer site(s):

14. How did you get along with supervisors, staff or co-workers?

15. How do you get places? What do you use for transportation?

16. Do you miss appointments? If you are going to be late or miss an appointment, what do you do?

17. What would be the best work schedule for you?

18. Are you flexible with the days/times you are willing to work? How?

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19. Do you have any concerns or fears about employment? If so, tell me about them:

20. What job or jobs would you **not** do?

21. What are three jobs you would really like?

22. Are there specific customs, traditions or practices that are important to you (e.g., cultural, identity, spiritual, religious)? Can you describe how this may affect work or your work schedule?

Interview Summary

(To be completed by Interviewer AFTER the interview)

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

 Appearance	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
 Communication Skills	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
 Social Skills	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
 Attitude	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
 Work Experience	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
 Employment Skills	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
 Level of Commitment to Employment	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>

Please list any other additional comments after interview:

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DDRO: _____

Interview with Non-Staff Worksheet

(Complete a separate worksheet for each person interviewed)

Purpose: To learn more about the person, gain different perspectives from people 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 that know them well and have seen them in various roles in the community.

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

Family

Friend

Advocate

Other (please list relationship): _____

Other (please list relationship): _____

Name of interviewee: _____

Date: _____

1. Discuss purpose of Discovery and clarify any questions the interviewee may have. Note any questions or concerns below:

☐ 2. Tell me about the person

☐ 3. What does the person enjoy doing?

☐ 4. What responsibilities does the person have where they live?

☐ 5. What makes the person uncomfortable?

☐ 6. How does the person show they are uncomfortable, stressed, or unhappy?

☐ 7. What helps the person cope with uncomfortable or stressful situations?

☐ 8. Describe the individual's social interactions with family, friends, staff, and general public:

☐ 9. How independent is the person in their community?

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____



10. How Independent is the person in unfamiliar places?

11. How does the person navigate around their community? Where do they go?



12. What is the plan for how the person will get to work?



13. Do you feel the person is ready for competitive employment in the community? Please explain reason in detail:

14. What could impact this individual's ability to be successful in employment?



15. Why do you feel this person could potentially be a good employee?



16. What experiences has the person had to prepare for employment? (ex. work study, volunteer, prevocational services, employment, raining/ classes).



17. How does the person best take direction?

Written Verbal Demonstration



18. Describe other strategies/accommodations:



19. When is the person available to work? Is there a preferred schedule? Is it flexible?



20. What are potential jobs you see this person succeeding in?

21. What connections or relationships do you have with businesses in these career areas?

22. Is there anything else you would like to share about this person?

23. Are there specific customs, traditions or practices that are important to the person (e.g., cultural, identity, spiritual, religious)? Describe how this may affect work.

Please list any other additional comments after interview:

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

Interview with Support Staff Worksheet

(Complete a separate worksheet for each person interviewed)

Purpose: To learn more about the person, gain different perspectives from people 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 that know them well and have seen them in various roles in the community. Interview one support staff from each OPWDD service the person receives.

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

Day Services Staff

Direct Support Professional

Other Paid Staff

Care Manager

Other (please list relationship) _____

Name of interviewee: _____

Date: _____

1. Discuss purpose of Discovery and clarify any questions the interviewee may have. Note any questions or concerns below:

2. Tell me about the person:

3. What does the person enjoy doing?

4. What makes the person uncomfortable?

5. How does the person show they are uncomfortable, stressed, or unhappy?

6. What helps the person cope with uncomfortable or stressful situations?


7. Describe the individual's social interactions with family, friends, staff, general public:


8. What can you tell me about this individual's supports and who, other than employment staff, would be there to assist them to maintain employment? (ex. family, residential staff, peers, etc.)


9. How independent is the person in their community? (Consider safety issues, transportation, vulnerability at a work site, medical/physical challenges)


Name: _____ TABS ID#: _____


Agency: _____ DDRO: _____


 10. What supports do you think the person will need to get to work? (ex. apply to para transit, mobility training, rely on staff or family, training in scheduling rides)

 11. Do you feel this person is ready for competitive employment in the community? Please explain reason in detail:

 12. What could impact this individual's ability to be successful in employment?

 13. Why do you feel this person could potentially be a good employee?

 14. What experiences has the person had to prepare for employment? (ex. work study, volunteer, prevocational services, employment, training/classes)

 15. What level of support do you provide the person? What are some effective support strategies?

 16. How does the person best take direction?


Written

Verbal

Demonstration

Describe other strategies/accommodations:

 17. How does the person react to changes in routine?

 18. What are potential jobs you see this person succeeding in?

19. What connections or relationships do you have with businesses in these career areas?

20. Are there specific customs, traditions or practices that are important to the person (e.g., cultural, identity, spiritual, religious)? Describe how this may affect work.

21. Is there anything else you would like to share about this person?

Please list any other additional comments after interview:

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Interview Summary Worksheet


Interviewee's Name	Relationship	Service Provider - Type	Date of Interview
Participant (required)	Self	N/A	
	Care Manager	Care Coordination	


Answer based on the information obtained during the Pathway to Employment interviews:

-  List **all career interests mentioned** by the person and interviewees:

_____	_____
_____	_____
_____	_____

-  What connections or relationships do the interviewees have with businesses in these career areas?

-  What are the environmental needs of the person, as expressed by the interviewees?

-  Describe any schedule or transportation constraints mentioned by the interviewees:

Describe types and / or levels of supervision discussed by the interviewees:

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____



List 5 factors discussed during the interviews that could impact the individual's ability to obtain and maintain employment: (family concerns, loss of benefits, hygiene, behavior, transportation, independence, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Describe the individual's independent activities in the community:

Are there specific customs, traditions or practices that are important to the person (e.g., cultural, identity, spiritual, religious)? Describe how this may affect work.

List 3 new things that you learned about the person through interviews:

1. _____
2. _____
3. _____

Interviewer's additional comments:

Completed by: _____

Date: _____



Section 4

Observe the Person in Various Activities

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Pathway to Employment Workbook

Observation of the Participant

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 person 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 person 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 Participant 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 may require 2-3 Hours; recommended total observation time is 5-10 Hours.


Name: _____
Agency: _____


TABS ID#: _____
DDRO: _____

Observation of the Participant Worksheet

Refer to Instructions. Use one Worksheet for each Observation

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. _____


Foundational Skills are broken into the following categories that have been color-coded throughout the document to assist you in the Discovery Findings Report.


Work Performance

Communication Skills

Personal Qualities

Self Regulation/Management


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


 How did the person react to the activities and environment?


 Describe the individual's safety and environmental awareness.


Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

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


 What motivated or demotivated the person and why?


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


 Who supported the person with the activities?

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


- | | | |
|---|---|--|
| <input type="checkbox"/> Verbal Prompts | <input type="checkbox"/> Written Prompts | <input type="checkbox"/> Picture / Media Prompts |
| <input type="checkbox"/> Visual Cues | <input type="checkbox"/> Modeling / Demonstration | <input type="checkbox"/> Hand-over-hand Support |
| <input type="checkbox"/> Other (specify): _____ | | |

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

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

 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

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____



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 participant through this observation:

1. _____
2. _____
3. _____

Observer's additional comments:

Completed by: _____

Date: _____

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Observation of the Participant Worksheet

Refer to Instructions. Use one Worksheet for each Observation

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. _____

Foundational Skills are broken into the following categories that have been color-coded throughout the document to assist you in completing the Discovery Findings Report.

Work Performance

Communication Skills

Personal Qualities

Self Regulation/Management


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


How did the person react to the activities and environment?


Describe the individual's safety and environmental awareness.


Name: _____
Agency: _____


TABS ID#: _____
DDRO: _____

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

 What motivated or demotivated the person and why?

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

 Who supported the person with the activities?

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

☐ Verbal Prompts

☐ Written Prompts


☐ Picture / Media Prompts


☐ Visual Cues


☐ Modeling / Demonstration

☐ Hand-over-hand Support

☐ Other (specify): _____

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

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

 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

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____



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 participant through this observation:

1. _____
2. _____
3. _____

Observer's additional comments:

Completed by: _____

Date: _____

Pathway to Employment Workbook

Section 5

Pathway to Employment Activity Planning with the Person and Support Team

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Pathway to Employment Workbook

Activity Plan for Pathway to Employment Services

Purpose: This form combines the information collected to date in order to develop the next steps for career development including activities to assess career interest and skills, community-based work assessments, career research, job-readiness classes, etc. The Activity Plan needs to be developed by the person, their family and support team.

Instructions: The Activity Plan section is completed **after the initial file review worksheets; interview worksheets and observation worksheets are completed.** The Pathway to Employment staff must complete pages 1&2 prior to holding a team meeting with the person, their family and support team.

Follow the meeting agenda included to discuss program activity plans for the remainder of the individual's Pathway to Employment experience.

Activity planning time includes preparing information, recommended total time is **10 hours** including team meeting.

Prepare prior to the support team meeting.

Please provide the individual's current weekly schedule – note all activities and services

Activity or Service	Days	Times	Agency Name & Contact	Plans to Continue? (Y/N)
Day Hab				
Community Hab				
Pre-Voc (Comm. or SB)				
SEMP / Current Job				
Volunteer				
Respite				
Other:				

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

1. _____
2. _____
3. _____

Which instructional strategies work best for the person as seen by their family and support team

1. _____
2. _____
3. _____

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

1. _____
2. _____
3. _____

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Activity Plan for Pathway to Employment Services

Prepare prior to the support team meeting.

What are the person's top 3 professional or work related skills/strengths?

1. _____
2. _____
3. _____

Career Areas

Identify 3-4 Career Areas 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 Housekeeping 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): | |

Review Work Experience Summary Sheet and bring to meeting.

Additional comments, concerns or highlights to discuss at Activity Planning Meeting:

Pathway to Employment Workbook

Activity Plan for Pathway to Employment Services Meeting Agenda

The Pathway to Employment staff meet with the participant, family, and their support team to discuss when career development and community-based work experience activities will be implemented.

Date of Meeting: _____ Location of Meeting: _____

Community Based Volunteer Work and/or Situational Assessments

Discuss individual's career skills, interests, and abilities from pages 1& 2 to complete chart below and plan for Community Based Vocational Experiences. A minimum of 3 Community Based Vocational Experiences must be completed at 3 separate locations, hours must meet the requirements per the ADM.

Career Area	Where will Community Based Vocational Experiences place? (Business Name & Address)	Potential Schedule
		Days Times # of Weeks
		Days Times # of Weeks
		Days Times # of Weeks
		Days Times # of Weeks

Other Career Activities that will be completed during Pathway to Employment

Provider agency will discuss how each activity is implemented

- ☐ Career Interest Assessment Tools
 ☐ Job Shadowing
- ☐ Job-Readiness Classes
 ☐ Vocational Skill Classes
- ☐ Career Research
 ☐ Interviewing Business Managers
- ☐ Resume and/or Interviewing Classes
 ☐ Benefits Counseling
- ☐ Other (List): _____

Provider agency comments

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Activity Plan for Pathway to Employment Services

Job Readiness

Classes will be provided to assess job readiness competencies, specific skills learned, and additional recommended training needed

Select all topics that may be most beneficial to the person

- | | |
|---|--|
| <input type="checkbox"/> Attendance / Punctuality | <input type="checkbox"/> Focus/Attention to task |
| <input type="checkbox"/> Productivity / Work Pace | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Effective Communication | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Motivation to Work | <input type="checkbox"/> Workplace Appearance |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Workplace Safety |
| <input type="checkbox"/> Environmental Awareness | |

Job Readiness Classes & Career Exploration Activities will be held periodically, provider agency may fill in schedule below

Activity or Service	Days	Times	Location
Job Readiness Class			
Job Readiness Class			
Other			
Other			

Benefits Counseling

Participants in Pathway to Employment will receive individualized benefits counseling & education
Working with a Benefits Counselor offers an individual in-depth guidance about their public benefits.

Local Counselor Name	Address:	Phone

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Activity Plan for Pathway to Employment Services

Meeting Attendance

Attendees Name:	Affiliation:	Contact Information:

The Pathway to Employment staff should be in contact with the participant, family, and their support team to update information on activities, plan changes, etc. throughout the duration of the program. Contact information will be needed in order to schedule weekly activities.

Participant Agreement

Pathway to Employment participant agrees to the Activity Plan and projected schedules. Possible changes to programming and other services may occur based on availability of Community Based Experiences.

I contributed to, reviewed, and approve of this plan:

Pathway to Employment Participant:

Print / Type	Sign	Date
Plan Preparer:		

Print / Type	Sign	Date
Pathway to Employment Program Manager:		

Print / Type	Sign	Date
--------------	------	------

Pathway to Employment Information	Start Date:	Projected End Date:
Provider Agency Name:		

Pathway to Employment Workbook

Section 6

Conduct Job Readiness and Career Exploration Activities

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[Skip to Career, Vocational, Transition Plan](#)

Pathway to Employment Workbook

Job Readiness Training and Career Exploration

Purpose: Job Readiness Training and Career Exploration activities help prepare individuals to obtain and maintain employment. Career Exploration can be offered in many ways for an individual to learn more about their areas of career interest.

Instructions: Conduct routine Job Readiness Training classes and Career Exploration activities for participants in Pathway to Employment, monitor their progress, and notate areas that will require more training. Utilize the list of skills that were selected as topics that may be most beneficial to the person during the Activity Plan meeting. As activities are completed, staff will document foundational skills.

Provider agency should also offer career exploration using any or all of the following:

Career Interest Assessment Tools, Job Shadowing, Vocational Skill Classes, Career Research, Interviewing Business Managers, Resume and/or Interviewing Classes

- **Job Readiness Training:** The focus of Job Readiness Training is on the soft skills needed to be successful in an employment setting. The training and activities should be repetitive to reinforce the skills needed and help individuals understand employer expectations. Job Readiness Curriculum examples can be found in Appendix
- **Career Interest Assessment Tools:** Learn about occupations that are a good match, decide where individuals need more training or experience, and identify the skills a participant can bring to a job. Tools can be found in Appendix
- **Job Shadowing:** Job shadowing involves spending time following a professional as they work. By observing the professional for anywhere from a few hours to several weeks, you can get a better understanding of their particular career.
- **Vocational Skill Classes:** This refers to instructional programs or courses that focus on the skills required for a specific job function or trade.
- **Resume Writing / Practice Job Applications:** Workshop that provides detailed explanations, as well step-by-step processes, for creating an effective résumé. Practicing job applications can assist individuals in preparing their personal information with an employer. Employers may use the application form to judge how well you follow instructions and how careful you may be as an employee. Lesson Plan in Appendix
- **Interview Classes** Preparing for an interview involves the following areas: Analyzing your strengths and weaknesses. Knowing about the needs of your career area of interest. Researching the specific company/organization where you will be interviewing. Making a list of possible questions to ask the interviewer. Practice answering questions you might be asked by the interviewer. Determining what you will wear and bring to the interview. Interview preparation materials found in Appendix

Job Readiness Training and Career Exploration Activities may vary; recommended total time is **55-85 Hours**.

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

Resources for Agencies to Prepare Job Readiness Classes and Other Career Activities

- Job Readiness Trainings
- Career Exploration
- Resume Writing and Practice Job Applications
- Interview Skills
- Additional Employment Information

Career Exploration Activities and Descriptions

Check off all activities completed during Pathway to Employment.

Include the date(s) the activity occurred, a description of and/or the outcome of that activity, and the approximate number of hours spent on each experience. Review the chart on the following page and notate all skills observed as well as areas for improvement noticed through the Career Exploration Activities.

Activity	Date	Location / Description / Outcome	Approx # of Hours
Career Interest Assessment Tools			
Resume and/or Interviewing Activities			
Job Shadowing			
Vocational Skill Classes			
Work Readiness Classes			
Interviewing Business Managers			
Other:			

Based on the dYfgcb's experiences, have their career interests changed?

Yes No

If Yes, what are their new areas of career interests?

Work Readiness Evaluation Tool

The purpose of this worksheet is to assess the person’s ability to demonstrate basic competency in each foundational skill category during the Pathway to Employment program.

The evaluation is intended to prepare the person to obtain and maintain employment.

These skills will be observed through individual skill training, assessing skills in various environments, attending job readiness group classes, job shadowing and/or other career development activities provided by the agency.

Each skill should be assessed through a job readiness experience or class, and described in the chart below.

For Example:

FOUNDATIONAL SKILL	PERFORMANCE/COMPETENCY EXPECTATIONS	Lacks skill or ability	Needs Improvement	Proficient	Exemplary
WORKPLACE APPEARANCE	Maintaining cleanliness and hygiene of self and workplace.	Has not yet demonstrated appropriate appearance and/or personal hygiene for position and duties.	Inconsistent in demonstrating appropriate appearance and/or personal hygiene for workplace.	Dresses appropriately and practices hygiene for position and duties with rare exception.	Consistent display of professional appearance and hygiene serves as a model for other workers.

Foundational Skills are broken into the following categories that have been color-coded throughout the document to assist you in completing the Discovery Report Findings.

- Work Performance

Communication Skills

Personal Qualities

Self-Regulation/Management

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

FOUNDATIONAL SKILL	PERFORMANCE/COMPETENCY EXPECTATIONS	Lacks skill or ability	Needs Improvement	Proficient	Exemplary
		Provide a brief description under the appropriate rating:			
Work Performance					
Attendance / Punctuality	Understanding expectations for attendance and adhering to them.				
Attendance / Punctuality	Notifying Support Staff in advance in case of absence.				
Attendance / Punctuality	Arriving on time for activities, taking and returning from breaks on time.				
Focus / Attention to Task	Participating in task or project from initiation to completion.				
Focus / Attention to Task	Able to manage workload and multiple tasks that could be assigned.				
Focus / Attention to Task	Split time and attention across different tasks assigned.				
Productivity / Work Pace	Completes tasks in time assigned.				
Productivity / Work Pace	Completes tasks with best effort and striving to meet standards.				

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

FOUNDATIONAL SKILL	PERFORMANCE/COMPETENCY EXPECTATIONS	Lacks skill or ability	Needs Improvement	Proficient	Exemplary
		Provide a brief description under the appropriate rating:			
Communication Skills					
Interpersonal Skills	Initiating interaction with supervisor for next task upon completion of previous one.				
Interpersonal Skills	Accepting direction, feedback and constructive criticism with positive attitude and using information to improve work performance.				
Interpersonal Skills	Able to work in a team when necessary.				
Effective Communication	Speaking clearly and communicating effectively-verbally and non-verbally.				
Effective Communication	Listening attentively.				
Effective Communication	Using language appropriate for work environment.				

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

FOUNDATIONAL SKILL	PERFORMANCE/COMPETENCY EXPECTATIONS	Lacks skill or ability	Needs Improvement	Proficient	Exemplary
		Provide a brief description under the appropriate rating:			
Personal Qualities					
Problem Solving	Knowing who and when to ask for help.				
Problem Solving	Adapting to change in schedule or in tasks.				
Motivation to Work	Demonstrated history of pursuing work or eagerness to complete tasks.				
Motivation to Work	Expressing desire for employment.				
Workplace Appearance	Dressing appropriately for scheduled activities and duties.				
Workplace Appearance	Maintaining cleanliness and hygiene of self and workplace.				

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

FOUNDATIONAL SKILL	PERFORMANCE/COMPETENCY EXPECTATIONS	Lacks skill or ability	Needs Improvement	Proficient	Exemplary
		Provide a brief description under the appropriate rating:			
Self-regulation/Management					
Stress Management	Using tools taught when feeling stressed or upset.				
Stress Management	Identifying appropriate workplace support for when upset or in conflict.				
Workplace Safety	Demonstrating understanding of workplace safety and health policies.				
Workplace Safety	Complying with workplace safety and health policies.				
Workplace Safety	Able to identify safety boundaries for oneself in interactions with others (including strangers and coworkers).				
Workplace Safety	Knowledge of when to call an emergency contact, including 911.				
Workplace Safety	Carrying identification.				
Environmental Awareness	Maintaining awareness of potential safety hazards involved in job tasks or at job site.				

JOB APPLICATION CHEAT SHEET

A cheat sheet ensures all the necessary information is available to fill out an application at a moment's notice. A resume is a helpful reference for some of the information on a job application, but applications usually include details that don't belong on a resume, such as former supervisors' names and the reason you left the job. Instead of trying to recall those details, just copy the cheat sheet and submit the application.

Personal Information

Applicant Name _____
Home Phone _____
Cell Phone _____
Email Address _____

Current Address _____
City _____
State & Zip _____

Date of Birth _____ Driver's License # _____
Social Security No. _____

Days/Hours Available

____ Monday	Hours Available: from _____ to _____
____ Tuesday	Hours Available: from _____ to _____
____ Wednesday	Hours Available: from _____ to _____
____ Thursday	Hours Available: from _____ to _____
____ Friday	Hours Available: from _____ to _____
____ Saturday	Hours Available: from _____ to _____
____ Sunday	Hours Available: from _____ to _____

Additional Information

Any additional experience, training, qualifications, or skills:

JOB APPLICATION CHEAT SHEET

Employment / Volunteer History

Name of Employer: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

Name of Employer: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

Name of Employer: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

Other Info:

JOB APPLICATION CHEAT SHEET

Education, Training and Experience

High School:

School name: _____

School city, state, zip: _____

Did you graduate? ☐ Y or ☐ N Degree / diploma earned: _____

Other:

School name: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ☐ Y or ☐ N Degree / diploma earned: _____

References

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____



Pathway to Employment Workbook

Worksheet- Estimate of Impact of Wages on Benefits

Participant Name: _____ TABS ID: _____

Purpose: 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. Completing the information below will help you have an understanding of how your benefits may be impacted by wages.

Instructions: Complete both sections 1 and 2. The first section should reflect the amount of benefits you currently receive when not working. The second section 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). Consult with your care manager or employment service provider to assist you in completing this form as well as contacting a benefits advisor.

You may also contact the New York State Toll-Free Work Incentives Hotline at **1-888-224-3272** (see information on back of this form) to assist in calculating benefits. In addition, you can visit 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 Estimated Monthly Wages:

SSI _____
SSDI _____
Section 8 _____
Food Stamps _____
Other _____
Estimated
Monthly Wages _____

New Total: _____

Individual's Signature: _____ Date: _____

Completed by: _____ Date: _____

Relationship: _____

Benefits Advisor Name: _____ Date Visited: _____

Benefits Agency Name: _____

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.

If and when you begin working and earning wages please remember to report your earnings to your local social security office. Your care manager can assist you with this.

Section 8

Implement Community Based Vocational Experiences

[Return to Table of Contents](#)

[Skip to Career, Vocational, Transition Plan](#)

Pathway to Employment Workbook

Community-Based Vocational Experiences

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 person will benefit from to succeed in employment.

Instructions: Directly support, observe, and assess the person 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 person is interested in. **Experiences/ Assessments cannot take place at the same locations as Observations.** Complete a "Community-Based Vocational Experience Worksheet" for each Vocational Experience. Additional comments may be included separately if needed. Label additional comments with specific page and question numbers.

Pathway to Employment requires at least 3 community based worksites.

Experiences may be from 30-45 hours each; recommended total vocational experience time is 90-135 hours.

Vocational Experience hours must meet the requirements per the ADM.

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Community-Based Vocational Experience Worksheet


Refer to Instructions. Use one Worksheet for each Assessment

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 PARTICIPANT / 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.					

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____



Select all vocational skill areas in which the person 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 person needed the most support and describe the support that was provided:

1. _____
2. _____
3. _____
4. _____
5. _____



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

☐ Yes ☐ No



If No, what were the areas for improvement?



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


☐ Yes ☐ No





Provide examples of the individual's conversation topics:

Name: _____
Agency: _____


TABS ID#: _____
DDRO: _____



 Did the person arrive on time and ready to work at the start of each shift?
☐ Yes ☐ No

 If No, why?


 Did the person respond professionally to changes in routine or assigned tasks?
☐ Yes ☐ No


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


 Did the person understand and respond professionally to requests from the site supervisor?
☐ Yes ☐ No ☐ N/A


 Requests from co-workers and/or customers?  Requests from vocational support staff?
☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A

 Describe how the person responded to requests from others:

 Did the person 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:


Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

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

 If the person 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 person need to be successful in the assessed career field?

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

1. _____
2. _____
3. _____

Assessor's additional comments:

Completed by: _____

Date: _____

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Community-Based Vocational Experience Worksheet


Refer to Instructions. Use one Worksheet for each Assessment

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 PARTICIPANT / 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.					

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____



Select all vocational skill areas in which the person 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 person needed the most support and describe the support that was provided:

1. _____
2. _____
3. _____
4. _____
5. _____



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

☐ Yes ☐ No



If No, what were the areas for improvement?



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


☐ Yes ☐ No





Provide examples of the individual's conversation topics:

Name: _____
Agency: _____


TABS ID#: _____
DDRO: _____



 Did the person arrive on time and ready to work at the start of each shift?
☐ Yes ☐ No

 If No, why?


 Did the person respond professionally to changes in routine or assigned tasks?
☐ Yes ☐ No


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


 Did the person understand and respond professionally to requests from the site supervisor?
☐ Yes ☐ No ☐ N/A


 Requests from co-workers and/or customers?  Requests from vocational support staff?
☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A

 Describe how the person responded to requests from others:

 Did the person 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:


Name: _____
Agency: _____


TABS ID#: _____
DDRO: _____

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

 If the person 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 person need to be successful in the assessed career field?

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

1. _____
2. _____
3. _____

Assessor's additional comments:

Completed by: _____

Date: _____

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Community-Based Vocational Experience Worksheet


Refer to Instructions. Use one Worksheet for each Assessment

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.					

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____



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

Hygiene / Grooming / Dress

Productivity / Work pace

Learning tasks

Accuracy of completed work

Professional interactions

Following instructions

Physical strength / agility / mobility

Social interaction

Managing stress / mental health

Professional workplace behavior

Following multiple steps

Time management

Taking initiative

Adapting to distraction / Attention to task

Adapting to changes in routine

Physical / Mental stamina

Troubleshooting problems / asking for help

Communication (expressive / receptive)

Responding to feedback / Accepting support

Other: _____



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

1. _____
2. _____
3. _____
4. _____
5. _____



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

☐ Yes ☐ No



If No, what were the areas for improvement?



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


☐ Yes ☐ No





Provide examples of the individual's conversation topics:

Name: _____
Agency: _____


TABS ID#: _____
DDRO: _____



 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?  Requests from vocational support staff?
☐ Yes ☐ No ☐ N/A ☐ 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:


Name: _____
Agency: _____


TABS ID#: _____
DDRO: _____

 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: _____

Date: _____

Section 9

Conduct Career Research

[Return to Table of Contents](#)

Pathway to Employment Workbook

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 in the Discovery. Use [ONETonline.org](https://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.

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.

Name: _____

TABS ID #: _____

CAREER RESEARCH WORKSHEET

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

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

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?



Career, Vocational and Transition Plan

NYS Office for People With Developmental Disabilities

44 Holland Avenue, Albany, NY 12229

www.opwdd.ny.gov



The Pathway to Employment Career, Vocational and Transition Plan

Discovery Report Findings & Final Recommendation

Career Planning with the Person and the Support Team

Transition to Employment Services and/or Vocational Development Activities

Pathway to Employment Activities

Review the Person's History and Current Experiences in Files



Observe Person in the
Community at
Volunteer/Job
and other Activities

And

Interview Person,
Family, Friends &
Support Staff



Meeting for Activity Plan with Person and Support Team



Participate in
Community Based
Vocational
Experiences

And

Participate in Job
Readiness Classes,
Career Research,
Career Exploration



Career Planning Meeting with Person and Support Team



Create a Career, Vocational and Transition Plan

- Planning with the Person and their Support Team
- Job Development and/or Vocational Development Plan
- Continued Employment-Related Skill Building and experiences

Pathway to Employment provides exposure to the world of work especially for individuals who need career planning and have limited work experiences in the community. It is a time-limited service to assess an individuals' readiness for competitive employment in the community. The services include career planning, interest assessments, work experiences in the community, job-readiness skills training, and addressing challenges to employment.

Pathway to Employment services result in a comprehensive Career, Vocational and Transition Plan with recommendations for next steps to employment and/or future vocational goals.

To receive the Pathway to Employment service, the individual must express an interest in work readiness or job preparation for competitive employment or self-employment and this must be listed as a goal in the individual's Life Plan.

See regulations and ADM for a complete listing of all allowable services and procedures.

Pathway to Employment 25-ADM-01 : Service providers are required to complete and submit the Career, Vocational and Transition Plan for every individual enrolled in Pathway to Employment services. Service providers must upload each individual's Career, Vocational and Transition Plan to CHOICES, no later than 90 days after the individual has been dis-enrolled from Pathway to Employment services.

Pathway to Employment Service Details

Pathway to Employment Participant Name:

TABS ID:

Name of Provider Agency Submitting Report:

Service Enrollment Start / End Dates:

(Dates from CHOICES)

Did the person receive Pathway Services from more than one agency?

Yes

No

List all start and end enrollment dates and hours billed for this person (in CHOICES):

Start Date	End Date	Agency	Number of Hours Billed (if known)

Total Number of Service Hours Provided by the Current Provider

30% of Total Hours

Total Hours of Community Based Vocational Experiences by the Current Provider

Total Number of Community Based Vocational Experiences by the Current Provider

Was the Pathway to Employment service completed prior to disenrollment?

Fully Completed

Partially Completed

If partially completed, describe in comments section below.

Were sufficient activities completed to yield a final recommendation?

Yes

No

Did the agency meet the requirements for Community Based Vocational Experiences?

Yes

No

N/A

If no, has the agency submitted a request to waive the requirement(s)?

Yes

No

Will the person re-engage in Pathway to Employment Services?

Yes

No

Comments:

Pathway to Employment

Career, Vocational and Transition Plan

Discovery Report Findings

Purpose: This section is used to summarize the findings relevant to employment that were gathered during the Pathway to Employment Discovery. The report will consolidate information about the individual's demonstrated skills, interests, strengths, and support needs in a variety of vocational areas. Environmental preferences, transportation, work availability, hard and soft skills, supervision needs, and career options will also be identified in this section. This report will be used to make a final recommendation for next steps for the Pathway to Employment participant, and a resource for future services.

Instructions: Analyze the information gathered during Discovery and complete all parts of the Discovery Report Findings. Refer back to all sections throughout the Discovery to create a thorough report.

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Discovery Report Findings

Pathway to Employment Summary of Activities

Record Review

Was the agency able to review previous service and employment information? Yes No

Interviews

Was the agency able to interview other service providers, previous employers, family and/or friends?
If yes, summarize information relevant to future employment.

Observations:

Where did the observations take place?

Community Based Vocational Experiences:

In which career areas did the assessments take place?

Career areas are based on career research and the location should list the name of the business.

1. Career Area: _____	Location: _____
2. Career Area: _____	Location: _____
3. Career Area: _____	Location: _____

Career Exploration:

What career exploration activities did the individual complete?

Career Interest Assessment Tools

Interviewing Business Managers

Job Shadowing

Resume and/or Interviewing Classes

Job-Readiness Classes

Benefits Counseling

Vocational Skill Classes

Community Based Vocational Experiences

Career Research

Other:

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

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Career Skills:

After reviewing all of the Community Based Vocational Experiences:

Summarize duties and tasks the individual was able to perform well and/or independently.

1. _____
2. _____
3. _____
4. _____

Summarize duties and tasks the individual was *not* able to perform well and/or independently.

1. _____
2. _____
3. _____
4. _____

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

1. _____
2. _____
3. _____
4. _____

Communication / Learning:

Describe the individual's preferred style of learning.

Learning Styles: (check all that apply)

Visual - Use of images, maps, and graphics to understand new information.

Auditory - Understand new content through listening / speaking such as lectures, repetition.

Read & Write - Learn best through words, note taking or reading.

Kinesthetic – Learn best through hands on experience.

Describe situations where this was displayed:

Describe the individual's preferred modes of communication:

(Communication examples: simple, direct sentences, supplementary visual aids including gestures, diagrams or demonstrations, etc.)

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Foundational Skills are broken into the following categories that have been color-coded throughout the Pathway to Employment Discovery Report to assist you in completing the Discovery Report Findings below.

Work Performance

Communication Skills

Personal Qualities

Self-Regulation/Management

Information about the categories may be found in the:



File Review



Vocational Experiences



Interviews



Career Exploration Activities



Observations

Use the information from these sections to describe the unique strengths and support needs for each category to help determine the individual's ability to obtain or maintain employment

Work Performance

Foundational Skill	Strengths	Support Needs
Attendance / Punctuality		
Focus / Attention to Task		
Productivity / Work Pace		

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Communication Skills

Foundational Skill	Strengths	Support Needs
Interpersonal Skills		
Effective Communication		

Personal Qualities

Foundational Skill	Strengths	Support Needs
Physical (stamina, endurance, etc.)		
Medical		
Mental Health		
Problem Solving		
Motivation to Work		
Workplace Appearance		

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Self-regulation/Management

Foundational Skill	Strengths	Support Needs
Stress Management		
Workplace Safety		
Environmental Awareness		

Are any of these support needs a barrier to employment? Yes No Explain below:

General Discovery Report Findings:

Summarize positive traits noticed during Discovery that would assist in obtaining and maintaining employment:

Summarize challenges noticed during Discovery that would hinder employment:

Comment on the individual's attendance and punctuality (positives, challenges, recommendations, etc.):

Comment on the individual's cooperation and ability to work with others (positives, challenges, recommendations, etc.):

What aspects of the Discovery would be used in a job coaching support plan?

Name: _____
Agency: _____

TABS ID#: _____
DDRO: _____

Environmental Preferences:

Outdoor Work	Physical Work	Sedentary Work
Social Work Culture	Limited Distractions	Quiet Environment
Consistent Tasks	Variety of Tasks	Routine Work Schedule
Limited Tasks	Independent Work	Team Oriented Work
Limited customer interaction	Co-workers able to redirect	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:

Public transportation (bus/subway)	Public transportation-ambulatory (van/car)	Taxi/Uber/Lyft
Agency van funded by SEMP		Drives own vehicle
Agency van/car funded by another HCBS Waiver service		Family
Residential staff		Friend/coworker
Other (please specify):		Walk/bike

Describe any training or support the individual will need to become independent with transportation:

Are there specific customs, traditions or practices that are important to the individual (e.g., cultural, identity, spiritual, religious)? Describe how this may affect work.

How many hours does the individual want to work each week? _____ each day? _____

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							

Supervision Needs:

1:1 Same area as supervisor Independent for up to _____ hours.

Completed by: _____

Date: _____

Final 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 Pathway to Employment Discovery Report.

Instructions: Choose one of the two options below and complete the corresponding section if applicable. Prior to final recommendations, meet with the person and support team to review report and initial recommendations. The Program Manager will review the Discovery Report, provide feedback, and notify the staff if additional situational assessments or other revisions to the report are needed.

Based on the information gathered during Discovery, the recommendation is:

- ☐ The person is recommended for job development for competitive employment in the community, refer to Employment Training Program, SEMP or ACCES VR. Complete Job Development Plan.
- ☐ The person is not recommended for competitive employment in the community. Complete Vocational Development Plan and make referrals to services as appropriate.

Review and Approval

Purpose: To ensure that the content of this Pathway to Employment Report is person centered, accurate, and of sufficient quality. The information contained within this report may be used by other services in continuing support of the person.

Instructions: The Program Manager or Director should thoroughly review all sections of this report and the appropriate attached plan and request any changes from the Preparer that may be needed to enhance the quality and accuracy of its content. Once this report meets the quality standards of the submitting Agency, the Program Manager or Director must sign, indicating their approval.

Print Name of Preparer: _____ Date: _____

Program Manager Approval Signature: _____

Program Manager Comments:

Print Name: _____ Print Title: _____

Agency: _____ Date Approved: _____

After review and approval upload into CHOICES.



Pathway to Employment Career, Vocational and Transition Plan

Career Planning Meeting and Transition





Pathway to Employment Career, Vocational and Transition Plan

Career Planning with the Person and the Support Team

Purpose: This tool consolidates information gathered during Discovery and creates a plan for the next steps to assist the individual on the road to employment. 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. The goal of this meeting is to have open communication with individual, their family and support team about long term career planning.

Instructions: The Career Planning Meeting should be held **after all Pathway to Employment activities have been completed and the Discovery Report Findings section is finalized.** The Pathway to Employment staff will complete page 1 of this section along with any applicable plans prior to holding a team meeting with the individual, their family and support team.

Follow the meeting agenda included to discuss program findings and future career planning based on the individual's Pathway to Employment experiences.

This planning tool will assist the team in making service recommendations based on pertinent information related to the person's employment related needs and qualifications.

Approximately 6 hours including team meeting.

Prepare prior to the support team meeting.

- Review the individual's Life Plan, Pathway to Employment Activity Plan and Discovery Report Findings to make recommendations for next steps.
- Complete the plan associated with the Final Recommendation ➡
- Job Development Plan or Vocational Development Plan ➡

If you are recommending **Job Development**, what are the two main career areas:

a. _____ b. _____

If you are **not recommending Job Development**, what other services/ supports are being recommended? (Reference Vocational Development Plan).

a. _____ b. _____

Contact the individual, their family and support team to schedule a career planning meeting.

Date of Meeting: _____ Location of Meeting: _____

Bring the Life Plan, Pathway to Employment Activity Plan and Discovery Report Findings to the meeting for reference, along with the Job Development or Vocational Development Plan.

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

Career Planning with the Person and the Support Team

Meeting Agenda

The Pathway to Employment staff meet with the individual, family, and their support team to discuss the Pathway to Employment experience, outcomes and career plan.

Date of Meeting: _____ **Location of Meeting:** _____

Review Activities Completed During Pathway to Employment.

Career Interest Assessment Tools

Job Shadowing

Job-Readiness Classes

Vocational Skill Classes

Career Research

Interviewing Business Managers

Resume and/or Interviewing Classes

Benefits Counseling

Community Based Vocational Experiences

Other:

Additional comments:

Discuss career areas identified through career research:

Review Discovery Report Findings

Highlight strengths and support needs found in each of the different foundational skills in the report findings

Review the Job Development Plan or Vocational Development Plan

Discuss Services Recommended

· Community Habilitation

· Day Habilitation

· Community Based Prevocational Services

· SEMP / ETP

· ACCES VR

· Other:

Name: _____

TABS ID#: _____

Agency: _____

DDRO: _____

Fill in the Individual's Weekly Availability

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
Until							

Meeting Attendance

Attendees Name:	Affiliation:	Contact Information:

Pathway to Employment staff will follow up with individual and Care Manager to assist in transition to services as noted in the Career Planning Meeting above.

I contributed to, reviewed, and approve of this plan:

Pathway to Employment Participant:

Print / Type Sign Date

Plan Preparer:

Print / Type Sign Date

Pathway to Employment Program Manager:

Print / Type Sign Date

Pathway to Employment Information	Start Date:	End Date:
Provider Agency Name:		

Pathway to Employment Career, Vocational and Transition Plan

Transition to Employment Services and/or Vocational Development Activities

Purpose: This section is used to assist the Pathway to Employment participant in transitioning into future services based on the Final Recommendation included in the report.

Instructions: Review the Final Recommendation and follow up with Care Manager to ensure all steps have been made for successful transition. Links and information on services included below.

What are the recommendations for next steps?

Job Development

Other Services

If you are recommending job development, who will assist with the referral to ACCES-VR or request the application for the Employment Training Program (SEMP)?

What agency does the individual want to receive services from?

Who is responsible for making the connection with the agency to ensure they have the staffing and can serve the individual?

What other services are recommended to address barriers to employment or additional experience needed? Check all that apply.

☐ Community Based Prevocational Services

☐ Community Habilitation

☐ Day Habilitation

☐ Other (specify): _____

If OPWDD services are recommended, Care Manager will need to submit a SART along with justification when an agency is determined.



Pathway to Employment Career, Vocational and Transition Plan

For questions, please contact your local ETP Supervisor through the following the link.

[OPWDD ETP Supervisor Directory](#) | [Eleversity.org](#) | [OPWDD Innovations Resources](#) | [General Resources](#)

Important Points to Consider for Job Development & Job Coaching

- If an individual requires higher amounts of supports, ACCES-VR has agreed that OPWDD Employment Training Program (ETP) may be an alternative to ACCES-VR (See OPWDD and ACCES-VR Letter of Agreement)

OR

- Individuals need to receive Intensive supported employment (job development/job coaching) services at least once through ACCES-VR

For more information on ACCES-VR, see below:

[Welcome to ACCES-VR | Adult Career and Continuing Education Services | NYS Education Department](#)

ACCES-VR 1-800-222-JOBS (5627)

For more information on OPWDD services and forms, see below:

<https://eleversity.org/>

<https://opwdd.ny.gov/>

For additional comments or concerns please contact employment.vocational.services@opwdd.ny.gov

The Tools in our Toolbox			
Purple = Discovery services Green = Job Matching and Job Coaching services			
Community-Based Pre-Vocational (Waiver Service)	Pathway to Employment (Waiver Service)	Employment Training Program (ETP) (Program)	Supported Employment (SEMP) (Waiver Service)
Prepares people for paid employment or meaningful activities	Creates a vocational plan and prepares people for paid work	Provides an opportunity time limited paid work experience after Discovery and targeted job development	Provides job coaching, job development and support on a job
2 years or more	1 year	1 year or less	On-Going
Discovery, community work experiences, volunteer opportunities and career planning	Discovery, community work experiences, and develop a vocational goal	Discovery, job development, Intensive SEMP, and Internship/Work opportunity at a community business that agrees to hire the individual	Community-based, competitive, integrated employment
Unpaid/Volunteer work or 14C Paid Experiences	Unpaid/Volunteer Experiences or paid at minimum wage	Wages paid by OPWDD at Minimum Wage until business hires	Paid by business at Minimum Wage or higher

Appendix



Resources for Job Readiness, Career Exploration Activities, Job Applications & Resume Writing

Job Readiness Trainings Preparation Resources

➤ [Soft Skills to Pay the Bills, US Department of Labor](#)

Curriculum developed by ODEP focused on teaching "soft" or workforce readiness skills

➤ [Work BC's Career Trek](#)

Career and job exploration tools. Videos of different careers with identified requirements and skills. No account needed.

➤ [Ride Wise. A Guide to Travel Training 2009](#)

Lesson plans and discussions designed to create an open dialogue and problem solving sessions regarding independent travel.

Career Exploration

➤ www.vocfit.com

➤ www.indeed.com

➤ [Occupational Outlook Handbook](#)

➤ www.onetonline.org

➤ [LinkedIn - Newsletter on Career Advancement](#)

Supporting Career Development and Advancement for People with Disabilities

➤ [Labor.NY.GOV - JobZone](http://Labor.NY.GOV)

Search for jobs, explore occupations, find the training you need, create resumes, cover letters, and more

➤ [O*Net Online](#)

O*NET Online has detailed descriptions of the world of work for use by job seekers, workforce development and HR professionals, students, researchers, and more!

➤ [16 Personalities - Free Test](#)

16 personalities is a personality framework that provides insight into how a person makes decisions, interacts with other people, and processes information.

Interview Preparation

[U.S. Department of Labor - Interview Tips](#)

U.S. Department of Labor Tips for preparing for the interview, during and after the interview.

[Preparing for an interview | IncludeAbility](#)

This guide is part of a suite of resources developed by the Australian Human Rights Commission as part of IncludeAbility to assist employers provide meaningful job opportunities to people with disability, & people with disability navigate barriers to employment.

Resume Writing & Practice Job Applications

[Lesson Plan - The Job Application Process.](#)

Teach and Practice Job Applications from the Center for Change in Transition Services at Seattle University, T-Folio www.cctstfolio.com

[Resumes, Cover Letters and Job Applications | Department of Labor \(ny.gov\)](#)

Resumes, Cover Letters and Job Applications, NY State Department of Labor

[BTHS.edu The Resume Workbook for High School Students](#)

Resume Workbook

Videos:

[Resumes for Young People with No Experience - YouTube](#)

Pointers for writing resumes for people with little to no traditional work experience.

[3 Essential Steps to Crafting a Winning Resume - YouTube](#)

Discover the 3 crucial steps to make your resume stand out and land that dream job interview.

[How to make a resume in Microsoft Word 2010. - YouTube](#)

Preparation for Job Application / Resume

This section is to prepare an individual to be able to confidently complete job applications and gather the information needed for a resume.

It is important to be honest and double-check for spelling and any mistakes.

Job applications and resumes should be as clear and as easy to read as possible. Ensure there are no errors on job applications and resumes and all applications need to be completed thoroughly. Read through these tips before starting your Employment Information Cheat Sheet.

The information collected in this activity will provide a master of all employment and volunteer experiences. This will enable the individual to pull relevant information using their “cheat sheet” when applying to different positions.

Resume Tips:

A resume can be tailored to different employment opportunities. The goal of a resume is for employers to learn who the individual is and whether their skills and experiences match the position they are applying for.

The following sections are suggested:

- Name and contact information
- Career objective: a short sentence or two that briefly explains who the person is and why they qualify for the position
- Education: some positions or employers may require a certain degree, certificate, or level of experience
- Experience or professional history: list most relevant work experiences, beginning with the most recent employment
- Additional relevant accomplishments, skills, and volunteer work: help create a better picture of who the individual is as related to the position they are applying for

Availability:

- 1) List part-time or full-time position
- 2) Willingness to work evenings/weekends (list specific times available)

Wage Requirements:

- 1) On application if asked “Desired salary or expected wage” – “Negotiable” or if number needed, indicate “0”.
- 2) If question is asked during interview, indicate a range or that your salary requirements are flexible/negotiable.

3) Proof of Eligibility for Employment:

- 1) Provide proof to work in the United States

References:

It is important to list people as references who can endorse skills and qualifications. When applying for jobs, a list of references should be provided. It is important to ask a potential reference for permission ahead of time. Obtain references full name, current job title or relationship to applicant, their phone number, email address and work or personal address. When selecting references, choose people who can speak positively about work ethic, skills, and character.

Some examples of a reference could be a former supervisor, a coworker, a former teacher, or if you know someone at the company you are applying to, consider asking them for a reference. A well-developed resume enables the individual to be recognized by potential employers.

Additional Information:

- 1) It is an unlawful discriminatory practice for an employer to make any inquiry about any arrest or criminal accusations of any individual which has been resolved in favor of the accused. It is not unlawful to ask if an individual has any currently pending arrests or accusations. To help prepare the person how to answer that question when there is a job offer refer to the below links for further information as warranted.



[Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions under Title VII of the Civil Rights Act](#)



[Pre-Employment Inquiries and Arrest & Conviction | U.S. Equal Employment Opportunity Commission \(eeoc.gov\)](#)



[New York Consolidated Laws, Correction Law - COR § 752 | FindLaw](#)



[Fair Chance Act Campaign - CCHR \(nyc.gov\)](#)

- 2) Physical/Medical History – ONLY if related to job position



[Pre-Employment Inquiries and Medical Questions & Examinations | U.S. Equal Employment Opportunity Commission \(eeoc.gov\)](#)

- 3) Other relevant skills (for functional resumes)
- 4) Other achievements and interests
- 5) Reason for applying
- 6) Career objective

Example Resume

Scott Hampton

Address: 1500 Oak Road, Pine Falls, MN 55555

Phone: 555-888-8234

Email: Scotthampton@not-real.com

Sample from PACERS
National Parent Center on
Transition and
Employment

Career Objective

I am a good worker and always on time. I like people and work well with others. I take pride in my work and like learning new things.

Skills and Achievements

- Student Manager of high school basketball team
- Often complimented on ability to work well with others and follow directions
- Good computer skills
- Able to use public transit for transportation
- Five Boy Scout Merit Badges

Education

2010 – Present Pine Falls High School

- Basic computer
- Communications
- Introduction to work skills
- Money management
- English

Work Skills and Volunteer History

Summer 2008 – Member of Boy Scout Troop #3 Clean Up the Highway Project

Summer 2012 – Visited Pine Falls Fire Station and interviewed the Chief

March 2013 – Assisted in raising money for the homeless in Pine Falls

Summer 2013 – Sold items at the concession stand at the Pine Falls Arena

Fall 2014 – Successfully completed two job placements by school transition program at Tallenger Landscape and Pine Falls Hospital

Hobbies and Interests

- Reading
- Listening to music
- Basketball
- Drawing
- Computers
- Traveling

References

Ken Tallenger
Tallenger Landscape
555-888-0938

Carrie Oswald
Pine Falls High School Work Experience Coordinator
555-888-2249

Tyrell Thomas
Boy Scout Troop #3 Leader
555-888-5722

(Written references available upon request)

Name: _____ TABS ID #: _____

JOB DEVELOPMENT PLAN

PURPOSE: To research and consolidate the pertinent information related to an individual's employment related needs and qualifications **before** approaching businesses to develop a placement. By having this information, the Job Developer will be able to provide targeted job development at businesses who have positions that meet the individual's skill, ability, preference, experience, schedule, transportation, environmental, cultural, and support needs. The Job Developer will be prepared to negotiate any necessary customization to positions so that they meet the individual's needs. With the focus and strategies provided by this plan, the Job Developer is more likely to create effective job matches. The Job Developer should approach businesses the provider currently has relationships with as well as new businesses to build new relationships. Targeted job development is best accomplished by directly contacting businesses to develop placement opportunities. **Do not just focus on completing online applications.** The Manager should provide oversight and guidance throughout job development.

INSTRUCTIONS: Review Discovery documents and follow up as needed to fill out each section below with detailed, individualized information. Review the plan with the individual, the Job Developer, the Pathway to Employment Manager, and any other staff or stakeholders that support the individual for approval, and collect signatures on page 6. This plan should be available to anyone supporting the individual with any part of their job development.

Return to [Pathway to Employment Career, Vocational and Transition Plan](#)

Job Development Plan

Name: _____ *TABS ID #:* _____

1. List the 2 career areas and possible positions that will be the focus of Job Development:

a. Career Area 1: _____

i. Positions: _____

b. Career Area 2: _____

i. Positions: _____

2. List the hard skills **demonstrated** in previous employment or volunteer activities by the individual that support success in each career area: (examples: clerical, money handling, mechanical, and/or cleaning skills)

a. Career Area 1: _____

b. Career Area 2: _____

3. List the soft skills **demonstrated** in previous employment or volunteer activities by the individual that support success in each career area: (examples: ability to focus, attention to detail, work pace, social skills)

a. Career Area 1: _____

b. Career Area 2: _____

4. List any other factors that explain why these career areas are a good match for the individual: (examples: previous experience, strong interest, personal traits, transferrable skills)

a. Career Area 1: _____

b. Career Area 2: _____

Name: _____ TABS ID #: _____

5. List and describe the factors that create an ideal workplace culture for the individual:
 (examples: team structure, set routine, clear expectations, flexible supervisor)

6. List and describe the factors that create an ideal workplace environment for the individual:
 (examples: lighting, noise level, crowded, inside/outside)

7. Fill in the individual’s weekly availability:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
Until							
List any times, days, or dates that the individual is NOT available to work and why:							

8. Transportation information:

- a. Available Mode(s): _____
- b. Travel radius / area: _____
- c. Travel restrictions: _____

Job Development Plan

Name: _____ *TABS ID #:* _____

9. List potential employers that meet the criteria for success listed in 1-8 that the Agency or individual has an established relationship with:

Business	Career Area (1 or 2)	Location

10. List potential employers that meet the criteria for success listed in 1-8 that the Agency can contact to develop new relationships:

Business	Career Area (1 or 2)	Location

Job Development Plan

Name: _____ **TABS ID #:** _____

11. List and describe vocational gaps in the following areas that could create barriers to success in the chosen careers or with the potential employers:

- a. Hard Skills: _____

- b. Soft Skills: _____

- c. Workplace Culture: _____

- d. Workplace Environment: _____

- e. Schedule / Availability: _____

- f. Transportation: _____

12. List any other potential barriers to successful employment:

13. List all supports that will address the gaps and barriers described in 11 & 12 and how each support plans to address them both on and off the job:

List specific Job Coach Supports: _____

Other Supports: _____

14. List any employment conditions or environments that are non-negotiable to the individual:

Job Development Plan

Name: _____ **TABS ID #:** _____

Once the Job Development Plan is complete, review it with the individual, the Job Developer, and the Program Manager and sign below.

I contributed to, reviewed, and approve of this plan:

Individual:

Print / Type	Sign	Date
--------------	------	------

Plan Preparer:

Print / Type	Sign	Date
--------------	------	------

Business Relationship Manager / Job Developer:

Print / Type	Sign	Date
--------------	------	------

Program Manager:

Print / Type	Sign	Date
--------------	------	------

Agency: _____

Date Job Development could begin: _____

Agency staff are available to provide _____ hours of job development each month.

Print / Type	Sign	Date
--------------	------	------



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 Program Manager for review. 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.

Return to [Pathway to Employment Career, Vocational and Transition Plan](#)



Name: _____ **TABS ID #:** _____

The following services are being recommended:

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Habilitation | <input type="checkbox"/> Community Pre-Voc | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Day Habilitation | <input type="checkbox"/> Recreation | <input type="checkbox"/> 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:

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



Name: _____ TABS ID #: _____

Instructions: Staff should complete as much of this chart as possible prior to the Manager 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: _____



Name: _____ TABS ID #: _____

PLANNING MEETING SUMMARY

To be completed by Circle of Support Meeting facilitator

Date of meeting: _____

Attendees:

Name	Relationship to Individual

Summary of meeting:

Signature: _____ Title: _____

Date: _____

Cc: Individual, Care Manager, Support Staff, Other

