



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

SEMP Agency: _____ DDRO: Choose One

Date Discovery Started: _____ Date Report Completed: _____

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

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

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

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

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



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

1. REVIEW OF RECORDS

PURPOSE: To obtain, review, and summarize documented information from the services the individual is currently receiving or has previously received. Records contain valuable information about an individual's background, progress, skills, abilities, preferences, experiences, and support needs. Researching this information will help determine the individual's ability to obtain and/or maintain employment.

INSTRUCTIONS: Check off each item reviewed in the list at the top of the Review of Records Worksheet and complete each section as records are reviewed. **Documents marked with * are required. Documents marked with ** are required if the individual is currently enrolled in the service or was enrolled in the last 3 years.** Note all information that is relevant to obtaining or maintaining employment. Additional comments may be included separately if needed. Label additional comments with specific page numbers and questions.

A thorough review of records requires **4-6 Hours**; some of these hours may be used in obtaining them.



Name: _____ TABS ID #: _____

REVIEW OF RECORDS WORKSHEET

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

RECORDS OBTAINED AND REVIEWED:

- | | |
|--|---|
| ☐ *Life Plan Dated: _____ | ☐ *Psychological Report Dated: _____ |
| ☐ Adaptive Behavior Scale | ☐ IPOP (if applicable) |
| ☐ **School Records / IEP | ☐ **Day Habilitation |
| ☐ **Prevocational | ☐ **Community / Residential Habilitation |
| ☐ **OPWDD Supported Employment (SEMP) | ☐ **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 #: _____

☐ 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 individual 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. _____
5. _____
6. _____

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

- | | |
|---|---|
| ☐ Day Habilitation | ☐ Community Based Prevocational |
| ☐ Sheltered Workshop | ☐ Community / Residential Habilitation |
| ☐ Site Based Prevocational | ☐ Supported Employment (SEMP) |
| ☐ Other (specify): _____ | |



Name: _____ TABS ID #: _____

SCHOOL RECORDS / IEP: (if individual 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

Academic Performance:

Student strengths / preferences / interests:

Social Development:

Management Needs / Support Needs in the Community:

Transition Activities (attach Exit Summary if available):

Briefly summarize the individual's SCHOOL RELATED work experiences:

<u>Location/ Business</u>	<u>Tasks performed</u>	<u>Liked or Disliked</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



EMPLOYMENT TRAINING PROGRAM
DISCOVERY REPORT

Name: _____ TABS ID #: _____

DAY HABILITATION RECORDS:

☐ Never Participated ☐ Previously Participated ☐ Currently Participating

List 3 Day Habilitation Staff Action Plan Goals:

1. _____
2. _____
3. _____

List Service Specific Safeguards:

PREVOCATIONAL RECORDS:

If the individual is receiving or has received Prevocational Services, select all that apply:

☐ Never Participated ☐ Previously Participated ☐ Currently Participating

☐ Sheltered Workshop

Dates: _____ Provider: _____

Reason for leaving: _____

☐ Site Based

Dates: _____ Provider: _____

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

☐ Paid ☐ Unpaid

Reason for leaving: _____

☐ Community Based

Dates: _____ Provider: _____

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

☐ Paid ☐ Unpaid

Reason for leaving: _____



Name: _____ TABS ID #: _____

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:

COMMUNITY / RESIDENTIAL HABILITATION RECORDS:

☐ Never Participated ☐ Previously Participated ☐ Currently Participating

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

1. _____
2. _____
3. _____

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 Outcome: _____

☐ Working and being paid minimum wage or more ☐ current ☐ previous



Name: _____ TABS ID #: _____

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 individual completed any diagnostic vocational evaluations or other vocational assessments?

☐ Yes ☐ No If Yes, attach a copy of the report(s).

BENEFIT INFORMATION

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

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

Has the individual sought benefit advisement?

☐ Yes ☐ No ☐ No Benefits



Name: _____ TABS ID #: _____

If the individual has not sought benefit advisement, are they planning to?

☐ Yes ☐ No

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

Location / Agency: _____ Date: _____

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

☐ Yes ☐ No ☐ No Benefits

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

☐ Yes ☐ No ☐ No Benefits

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

Name: _____ Relationship: _____

VOLUNTEER / PAID EMPLOYMENT HISTORY (FROM ALL RECORDS):

(Include information from experiences noted on pages 6-8)

Briefly summarize the individual's **VOLUNTEER** experiences:

(attach additional sheets as needed, also attach résumé if available)

<u>Business Name</u>	<u>Dates</u>	<u>Tasks</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly summarize the individual's **PAID EMPLOYMENT** history:

(attach additional sheets as needed, also attach résumé if available)

<u>Business Name</u>	<u>Dates</u>	<u>Tasks</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Name: _____ *TABS ID #:* _____

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

Reviewer's additional comments after reviewing all records:

Completed by: _____ (print) Date: _____



Name: _____ TABS ID #: _____

2. INTERVIEWS OF THE INDIVIDUAL, 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 individual and their stakeholders. Each perspective will provide information relevant to the individual's ability to obtain and/or maintain employment.

INSTRUCTIONS: Interview the individual, 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.

****Completed Interview Worksheets may be requested by the ETP Supervisor.***

Each thorough interview requires **1-2 Hours**; recommended total interview time is **6-8 Hours**.



Name: _____ TABS ID #: _____

INTERVIEW SUMMARY WORKSHEET

INTERVIEWEE'S NAME	RELATIONSHIP	SERVICE PROVIDER - TYPE	DATE OF INTERVIEW
ETP Participant (required)	Self	N/A	
	Care Manager	Care Coordination	

Answer Based on the information obtained during the interviews:

List Potential Career Options mentioned by the interviewees:

_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____
_____	_____

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

Describe any schedule or transportation constraints mentioned by the interviewees:



Name: _____ TABS ID #: _____

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

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:

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

1. _____
2. _____
3. _____

Interviewer's additional comments:

Completed by: _____(print) Date: _____



Name: _____ TABS ID #: _____

3.OBSERVATION OF THE INDIVIDUAL

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

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

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



Name: _____ TABS ID #: _____

OBSERVATION OF THE INDIVIDUAL WORKSHEET

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

Location of Observation: _____

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

of Hours Observed: _____

Activities observed:

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

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

How did the individual react to the activities and environment?

Describe the individual's safety skills / environmental awareness:



Name: _____ TABS ID #: _____

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

What motivated or demotivated the individual and why?

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

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



Name: _____ TABS ID #: _____

Personal hygiene:

☐ No Concerns ☐ Needs Improvement (describe): _____

Interaction with staff:

☐ N/A ☐ Cooperative ☐ Friendly ☐ Anxious ☐ Shy ☐ Outgoing

Interaction with peers:

☐ N/A ☐ Cooperative ☐ Friendly ☐ Anxious ☐ Shy ☐ Outgoing

Interaction with members of the community:

☐ N/A ☐ Cooperative ☐ Friendly ☐ Anxious ☐ Shy ☐ Outgoing

Describe the positive qualities observed that are transferrable to employment:

Describe the challenges observed that could hinder employment:

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

1. _____
2. _____
3. _____

Observer's additional comments:

Completed by: _____(print) Date: _____



Name: _____ TABS ID #: _____

OBSERVATION OF THE INDIVIDUAL WORKSHEET

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

Location of Observation: _____

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

of Hours Observed: _____

Activities observed:

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

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

How did the individual react to the activities and environment?

Describe the individual's safety skills / environmental awareness:



Name: _____ TABS ID #: _____

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

What motivated or demotivated the individual and why?

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

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



Name: _____ TABS ID #: _____

Personal hygiene:

☐ No Concerns ☐ Needs Improvement (describe): _____

Interaction with staff:

☐ N/A ☐ Cooperative ☐ Friendly ☐ Anxious ☐ Shy ☐ Outgoing

Interaction with peers:

☐ N/A ☐ Cooperative ☐ Friendly ☐ Anxious ☐ Shy ☐ Outgoing

Interaction with members of the community:

☐ N/A ☐ Cooperative ☐ Friendly ☐ Anxious ☐ Shy ☐ Outgoing

Describe the positive qualities observed that are transferrable to employment:

Describe the challenges observed that could hinder employment:

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

1. _____
2. _____
3. _____

Observer's additional comments:

Completed by: _____(print) Date: _____



Name: _____ TABS ID #: _____

4. COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENTS

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

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

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

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



Name: _____ TABS ID #: _____

**COMMUNITY-BASED EXPERIENCES / SITUATIONAL
ASSESSMENT WORKSHEET**

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

Name / Address of Location: _____

Type of Business: (Examples: Retail, Food Service) _____

of Days: _____ # of Weeks: _____ # of Hours/Day: _____ Total # of Hours _____

Weekly Community-Based Experience/ Situational Assessment Schedule:

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



Name: _____ TABS ID #: _____

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

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

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

☐ Yes ☐ No

If No, why?

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No ☐ N/A

Requests from co-workers and/or customers?

☐ Yes ☐ No ☐ N/A

Requests from vocational support staff?

☐ Yes ☐ No ☐ N/A

Describe how the individual responded to requests from others:

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

☐ Yes ☐ No

Describe the individual's interactions with others:

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

☐ Yes ☐ No

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



EMPLOYMENT TRAINING PROGRAM
DISCOVERY REPORT

Name: _____ *TABS ID #:* _____

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

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

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

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

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

1. _____
2. _____
3. _____

Assessor's additional comments:

Completed by: _____(print) Date: _____



Name: _____ TABS ID #: _____

**COMMUNITY-BASED EXPERIENCES / SITUATIONAL
ASSESSMENT WORKSHEET**

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

Name / Address of Location: _____

Type of Business: (Examples: Retail, Food Service) _____

of Days: _____ # of Weeks: _____ # of Hours/Day: _____ Total # of Hours _____

Weekly Community-Based Experience/ Situational Assessment Schedule:

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



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

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

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

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

☐ Yes ☐ No

If No, why?

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No ☐ N/A

Requests from co-workers and/or customers?

☐ Yes ☐ No ☐ N/A

Requests from vocational support staff?

☐ Yes ☐ No ☐ N/A

Describe how the individual responded to requests from others:

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

☐ Yes ☐ No

Describe the individual's interactions with others:

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

☐ Yes ☐ No

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



Name: _____ *TABS ID #:* _____

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

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

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

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

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

1. _____
2. _____
3. _____

Assessor's additional comments:

Completed by: _____(print) Date: _____



Name: _____ TABS ID #: _____

5. DISCOVERY REPORT FINDINGS

PURPOSE: To summarize the findings relevant to employment that were gathered during Discovery. This will consolidate information about the individual's strengths and support needs in a variety of vocational areas. Environmental preferences, transportation, work availability, supervision needs, and career options will also be identified in this section.

INSTRUCTIONS: Analyze the information gathered during Discovery and synthesize it into a summary that relates the findings back to vocational situations. Fill in all parts of the Discovery Report Findings Worksheet and refer to this information while completing the Career Research section.

A thorough summary of ETP Discovery Report Findings takes **1-2 Hours**.



Name: _____ TABS ID #: _____

DISCOVERY REPORT FINDINGS WORKSHEET

Comment on strengths and support needs in each area below:

Physical / Medical / Mental Health / Stress Management:

Strengths:

Support Needs:

Communication and Social Interactions / Relationships:

Strengths:

Support Needs:

Focus / Attention to task:

Strengths:

Support Needs:

Productivity / Work Pace:

Strengths:

Support Needs:



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

Safety / Environmental Awareness:

Strengths:

Support Needs:

Personal Grooming /Hygiene:

Strengths:

Support Needs:

Initiative / Motivation to Work:

Strengths:

Support Needs:

Other (specify):

Strengths:

Support Needs:



Name: _____ TABS ID #: _____

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 |
| ☐ Other (specify): _____ | | |

What types of job duties and environments should be **avoided**?

Duties: _____

Environments: _____

Transportation and Work Availability:

Select the transportation resources available to the individual:

- | | | |
|--|--|---|
| ☐ Drives own vehicle | ☐ Public transportation | ☐ Walks / Rides bike |
| ☐ Taxi / Ambulatory transportation contractor | ☐ Family / Residential staff transportation | |
| ☐ Other (specify): _____ | | |

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

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

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

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							



Name: _____ TABS ID #: _____

Supervision Needs:

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

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

Identified Career Options:

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

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

Additional Comments:

Completed by: _____ (print) Date: _____



Name: _____ TABS ID #: _____

6. CAREER RESEARCH

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

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

Career Research should be completed with the individual.

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

HOW TO USE O*NET ONLINE:

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

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

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



Name: _____ TABS ID #: _____

CAREER RESEARCH WORKSHEET

O*NET Career: _____		☐ Preference ☐ 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: _____		☐ Preference ☐ Findings
Job Title:	O*NET Code:	
Job Duties / Requirements	How does the job duty / responsibility match the individual's skills and abilities?	



EMPLOYMENT TRAINING PROGRAM
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Name: _____ TABS ID #: _____

O*NET Career: ☐ Preference ☐ 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: ☐ Preference ☐ 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 #: _____

7. RECOMMENDATION

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

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

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

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

OR

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

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

1. _____

2. _____

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

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



Name: _____ TABS ID #: _____

REVIEW AND APPROVAL

ETP Discovery Report Completed by:

Name: _____ Title: _____

Email: _____ Phone: _____

Date: _____

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

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

Name: _____ Title: _____

Email: _____ Phone: _____

Date: _____

The following section is to be completed by the ETP Supervisor

Date ETP Discovery Report received: _____

Date Job Development Plan received: _____

Approved for Job Development:

☐ Yes ☐ No

Date SEMP Agency notified in writing: _____

Signature: _____ Date: _____

Additional Comments: