

## Comprehensive Vocational Assessment

Must complete and submit to OVR within the quarter authorized, along with billing statement.

OVR Case #: 1234567

SSID#: 1234567890

Student: Jill Ellen Griffiths

Preferred Name: Jilly

School Name: Lawrence County High School

District Name: Jefferson County Public Schools

Employment Specialist: Stacy Henderson

OVR Counselor: Patricia Wilkerson

Primary Address: House/PO # 23455 Street Washington Boulevard Apt. NA

City Huntington State KY Zip Code 25670-3333

Primary Phone #: (304) 523-7900 Alt./Sec. Phone #: (304) 633-7161

CVA Authorization #: 1234567890

Anticipated Exit Date: 5/10/2022

Type of Diploma Anticipated: Regular Diploma

### Section I. Current Existing Data Reviewed

In this section list all current existing data within the educational records of the student reviewed to assist with the assessment. Current existing data may include but is not limited to: student interview, student survey, student portfolio, student IEP & progress data, Individual Learning Plan, parent interview, vocational assessments, interest inventory, career awareness assessment, career aptitude assessment, curriculum based assessment/skills inventory, self-determination assessment, results of school or community work-based learning experiences, direct observation/task analysis results, other (describe).

No modification is needed in Section 1. You should be able to complete this section if your school has returned in-person or virtual.

### Section II. Previous Work Experience(s)

Job Shadowing/Internships/On the Job Training Experiences/Volunteering\* (Follow Dept. of Labor Guidelines):

In this section list all places where student had work related experiences. Was the work/task routine or did it vary? What worked and what didn't work and why? What was the outcome? Was there potential to return why or why not?

Modification is needed in Section 11.  
If the student had previous work experiences complete this section as directed. If the student did not receive any work experiences you will need to modify this section. The following are modified directions:  
List results of Work Based Learning Experiences- job shadowing and job tours. List activities completed under Job Exploration Counseling. Did the student enjoy or not enjoy the experience, did they express interest in wanting to learn more about a specific career cluster. What did they like about it? What did they not like about the activity/experience? Why or why not?

**Section III. Current Status**

Complete all following status sections. Note within individual section the reason why the information does not apply for this student. NA is not an acceptable response.

**Current Activities, Life Situation, Network of Family & Friends & Important History:**

1. Describe what life is like now for student-personal, home, school, etc.

2. Describe the student's goals, not only related to work, but his or her life goals in general.

3. Describe significant situations or events that have occurred in the students' life, if any, which are still having an impact on the student. This section will not be completed for every student.

4. Describe the important people in student's life and how they aid or will aid student in being successful in reaching goals. Include information gathered from family and friends that may be of help, networking possibilities, where do family & friends work, possible job contacts, etc.

5. Describe medical conditions that are essential to know, including medications and their effects. Note if no medical conditions exist.

No modification is needed in Section 111.

6. Describe current Financial Information and Concerns. List any benefits student maybe receiving (SSI, SSDI, etc.) Will Social Security benefits be affected? Does student require job with benefits? List any disincentives to work, expressed by student or family?

**Interests/Skills/Abilities:**

1. Describe the student's interests.

2. Describe abilities that potential employers will view as an asset/value to their business.

3. Describe the student's job related skills.

No modificaion is needed under the Interests/Skills/Abilities Section.

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**Transportation Goal:**

This section will describe transportation options & geographical boundaries during job development and following graduation.

1. What is the transportation goal post high school?

No modification is needed under the Transportation Goal Section.

2. What steps are needed to achieve the goal?

3. What is the backup plan?

**General Knowledge:**

Describe the following:

1. Student's ability to tell time: (time awareness- unaware of time & clock function, analog or digital, identifies breaks).

2. Money skills- Simple counting, balance a checkbook, use a calculator, distinguishes between coins, make minor/major purchases, next dollar, etc.

3. Reading (sight words/symbols, simple reading, fluent reading), writing etc. As well as how well the student can perform these activities in employment settings.

4. What type of supports/adaptations facilitates the use of these skills (if any)?  
Example: supports for communication, current IEP supports/adaptations.

5. Learning Style, determine auditory, visual, tactile. Does a concrete or abstract direction make sense to the student, can they recall skills used earlier (Memory).

No modification is needed under the General Knowledge Section.

**Work Behavior:**

Describe how student behaves in various work environments, familiar and unfamiliar.

If you have information to complete as directed please do so; however, if modifications are needed use the following modified directions: Describe how student behaves in various environments- familiar and unfamiliar such as: previous Work Based Learning Experiences (tours and job shadowing experiences). If you do not have this information- you may use various locations in the school.

For inappropriate student behavior(s), if any were described above, was the cause determined? If so, describe. Can the behavior(s) be matched to a more suitable work setting?

No modification needed.

Describe work behavior supports or interventions needed, if any.

No modification needed.

**Communication:**

Describe the student's expressive and receptive communication skills. Skill examples include but are not limited to uses sounds/gesture; uses key word/signs; speaks clearly/unclearly; understandable to strangers; expresses needs appropriately; answers questions appropriately; follows two-step verbal directions; and follows verbal prompts.

No modifications needed.

**Social Skills/Interactions:**

Describe student's social skills and any needed supports. Examples include but are not limited to interest in social interactions; interacting with peers and adults; maintaining friendships and relationships; and participating in organized and informal activities.

No modifications needed.

**Teamwork (as it pertains to being part of a team):**

	Choose I, WA, AC	If Area of Concern, please add specifics/comments
<b>Reliable</b> - can be counted on to get the job done.		No modifications needed under the Teamwork Section -most of this information should have been discovered under the Work Place Readiness Activities (soft-skills).
<b>Effective Communicator</b> - express thoughts and ideas clearly and directly, with respect for others.		
<b>Active Listener</b> - listen to and respect different points of view. Others can offer constructive feedback – and don't get upset or defensive.		
<b>Participates</b> - prepared and get involved in team activities; a regular contributor.		
<b>Shares openly and willingly</b> - willing to share information, experience, and knowledge with the group.		
<b>Cooperative</b> - work with other members of the team to accomplish the job, no matter what.		
<b>Flexible</b> - adapt easily when the team changes direction or when asked to try something new.		
<b>Committed</b> - responsible and dedicated. Always give best effort!		
<b>Problem Solver</b> - focus on solutions; good about not going out of way to find fault in others.		
<b>Respectful</b> - treat other team members with courtesy and consideration - all of the time.		

**Work Skills Observations:**

Please check the following as observed while spending time with your student

**1. Appearance/hygiene**

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Shows good grooming/hygiene		No modificatin needed.
Unkempt/poor hygiene		
Unkempt/clean		

**2. Problem solving skills**

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Anticipates consequences of personal actions		No modification needed.
Considers other solutions & their consequences		
Recognizes & analyzes problems		
Identifies early signs of problems		
Asks for assistance (peers, co-workers, persons in authority, etc.)		If you do not have the information pertaining to co-workers you may leave co-worker info out.
Requests clarification when necessary		

**3. Acceptance of supervision**

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Respects the authority & decision-making role of supervisors		Modification: You may use Supervisors- such as: school staff and faculty.
Pays attention		
Resolves differences of opinion in a satisfactory manner		

Modification: If you do not have enough information to complete the following you may set up a work station through virtual, or in-person depending on your schools opening. A work station could consist of various amounts of tasks. One might observe and give directions to students dusting furniture, cooking a meal, folding clothes, changing a light bulb, etc.

**4. Attention to task/Persistence**

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Ability to work independently once task is learned		
Ability to attend to task until completed		
Manages time effectively		
Frequent prompts required		
Level of ongoing supervision needed		
Infrequent prompts/low supervision required		

**5. Initiative/Motivation**

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Seeks additional work when tasks are completed		If modifications are still needed please see examples above.
Sometimes volunteers		
Waits for directions		
Avoids next task		
Practices skills/requests feedback		
Inquires about job and related work		
Shows helping actions/teamwork		

**6. Awareness of safety precautions**

Choose I, WA, AC

If Area of Concern, please add specifics/comments



Modifications: You may need to develop an activity such as: request a copy of safety rules and guidelines of a company the student has interest in and go over them, give example scenerios and so forth.

Follows safety & company rules		
Responds to survival words (street signs, restrooms, danger, stop, etc.)		

### 7. Respect of and ability to care for equipment/property

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Use materials & equipment properly		If you need to modify this section, think about the materials the student used while under your supervision.
Destructive to property (breaks, burns, tears things up, etc.)		

### 8. Adapting to Change

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Adapts to minor scheduling changes		No modification needed.
Adapts to minor task/duties change		
Adapts to environmental changes (heat, noise)		
Adapts to personnel changes (peer, supervisor)		

### 9. Ability to maintain adequate productivity/pace

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Ability to lift & carry at the pace and speed required of co-workers		Modification: If you did not obtain enough information during the Work Based Learning Experiences you will not
Individual Strengths ( does student utilizes their strengths)		be able to complete this section: Please type the following in the boxes. "Due to COVID-19 I will not be able to complete."
Physical Mobility (as it relates to the vocational goal)		
Work Pace (slow, steady/average pace/ above average)		

### 10. Good attendance/Punctuality

Choose I, WA, AC

If Area of Concern, please add specifics/comments

Frequency of Absenteeism		Modification needed: You may use students participation in the Community Work Transition
Calls in absent only when sick		Program to obtain this information.
Arrives ready to work/Prepares to leave for work		

**Intensity of Supports Needed:**

This section describes what type and level of supports will be needed for employment after high school: Natural supports, family support (very, supportive with reservations, no support, etc.), supported employment, assistive technology, etc.

No modifications needed.

**Work Environment/Schedule:**

This section describe what would be the ideal work environment and schedule:

1. Work setting inside, outside, noisy, quiet, organized, unorganized, small area only, large etc.

2. Desired work schedule, will work weekends, evenings, mornings, etc. (remember transportation, endurance and medication can sometimes affect when/how often a student works)

No modification needed.

**Section IV. Summary and Recommendations**

**Recommended Individualized Plan for Employment (IPE) Goal:**

No modification needed for the Summary and Recommendations.

**Recommended Work Environment:**

**Transportation Plan:**

**Supports needed:**

**Employers to Pursue & Contact Information for each:**

As of the date below I maintain the information is accurate and verify the completion of the CWTP service(s) outlined within this document.

CWTP Employment Specialist:

Date:

CWTP Primary Contact:

Date: