**Community Work Transition Program SY 2021-20**

**Employment Transition 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

Stac

y

Henderson

**School Name:**

Lawrence County High School

**Employment Specialist:**

PatriciaWilkerson

**Preferred Name:**

Jefferson County Public Schools

Jilly

**District Name: OVR Counselor:**

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

**City**

**State**

KY

**Zip Code**

**Primary Phone #:**

(304) 523‐7900

**Alt./Sec. Phone #:**

**CVA Authorization #:**

1234567890

**Anticipated Exit Date:**

5/10/2022

**Type of Diploma Anticipated:**

Huntington

25670‐3333

(304) 633‐7161

Regular Diploma

# Section I. Current Existing Data Reviewed

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

In this section list all current existing data within the educational records of the student reveiwed 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 apptitude assessment, curriculum based assessment/skills iInventory, self‐determination assessment, results of school or community workbased learning experiences, direct observation/task analysis results, other (describe).

# Section II. Previous Work Experience(s)

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

|  |
| --- |
| Modification is needed in Section 11.  If the student had previous work experiences complete this section as directed. If the student did not recieve 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? |

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?

# 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.

|  |
| --- |
| No modification is needed in Section 111. |
|  |
|  |
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|  |

1. 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.
2. Describe medical conditions that are essential to know, including medications and their effects. Note if no medical conditions exist.
3. 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:**

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

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.

**Transportation Goal:**

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

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| --- |
| No modification is needed under the Transportation Goal Section. |

1. What is the transportation goal post high school?

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| --- |
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|  |

1. What steps are needed to achieve the goal?
2. What is the backup plan?

**General Knowledge:**

Describe the following:

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| --- |
| No modification is needed under the General Knowledge Section. |
|  |
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|  |
|  |

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.

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

**Work Behavior:**

|  |
| --- |
| 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. |
| No modification needed. |
| No modification needed. |

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

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?

Describe work behavior supports or interventions needed, if any.

**Communication:**

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| --- |
| No modifications needed. |

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.

**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

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

# 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 |  |  |

# 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 |  |  |

# 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.

# 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 |  |  |

# 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 |  |  |

# 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.) |  |  |

# 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.) |  |  |

# 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) |  |  |

# 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) |  |  |

# 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:**

|  |
| --- |
| No modifications 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.

**Work Environment/Schedule:**

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

|  |
| --- |
| No modification needed. |
|  |

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)

# Section IV. Summary and Recommendations

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| No modification needed for the Summary and Recommendations. |
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**Recommended Individualized Plan for Employment (IPE) Goal:**

**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.**

|  |  |  |
| --- | --- | --- |
|  | **Date: Date:** |  |
|  |  |

**CWTP Employment Specialist: CWTP Primary Contact:**