

Comprehensive Vocational Assessment Report

Submit to OVR within the quarter authorized with invoice.

OVR Case #: Enter in Student Info Tab

SSID#: Enter in Student Info Ta

Student: Enter in Student Info Tab Enter in Student Info T Enter in Student Info Tab

Preferred Name: Enter in Student Info Ta

School Name: Enter in Student Info Tab

District Name: Enter in Student Info Tab

Employment Specialist: Enter in Student Info Tab Enter in Student Info Ta

OVR Counselor: Enter in Student Info Tab Enter in Student Info

Primary Address: House/PO # Enter in Student Info Tab Street Enter in Student Info Tab Apt. Enter in Student Info

City Enter in Student Info Tab State KY Zip Code Enter in Student Info Tab

Primary Phone #: Enter in Student Info T Alt./Sec. Phone #: Enter in Student Info Tal

CVA Authorization #: Enter in Student Info Tab

Anticipated Date of HS Exit: Enter in Student Info Tab

Type of Diploma Anticipated: Enter in Student Info Tab

Current Existing Information Reviewed and Used for the CVA

List all sources of current existing information used to complete this assessment. "Current" means the information is no more than 12 months old. During the CVA process verify the information, using the appropriate assessment method. Enter the verified information in the applicable section of the CVA.

Previous Work Experience(s)

List and describe the student's work related experience(s). Work related experiences may include but are not limited to job shadowing, internships, job training, on the job training, volunteering, apprenticeships, and short-term employment.

Also include the following: Was the work/task routine or did it vary? Describe what went well and what didn't during the work related experiences and why. Include the outcome of each experience. Was there potential to return to the site where the experience(s) occurred and why or why not?

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

1. Describe the student's current life situations in the following areas: personal, home, and school.

2. Describe the student's goals. Include those specific to work and life goals in general.

3. Describe significant situations or events that have occurred in the student's life, if any, that are still having an impact on the student. Indicate if no significant situations or events exist.

4. Describe health or medical conditions that are essential to know, including medications. Include the effects, if any, of the health or medical conditions and medication(s) on the student while completing tasks at a work or employment site. Indicate if no health or medical conditions exist.

5. Describe the important people in student's life and how they aid or will aid student in being successful in reaching goals.

6. List the student's network possibilities related to employment. Include the name of the individual, relationship to the student, and employer.

7. Describe current financial information and concerns. List any benefits student may be receiving (SSI, SSDI, Medicaid, SNAP, Michelle P waiver, Supports for Community Living waiver, etc.) List any disincentives to employment expressed by student or family.

Interests/Skills/Abilities

1. Describe the student's interests.

2. Describe student's abilities and job related skills that potential employers will view as an asset/value to their business.

Geographical Boundaries and Post-High School Transportation Goal

1. Describe the geographical boundaries for future Job Development, Job Coaching, and Job Placement. Include work and employment sites near the student's residence and school that align with their expressed employment interest(s).

2. What is the transportation goal post-high school?

3. What actions are needed to achieve the post-high school transportation goal? Include the steps, person responsible, and expected timeline for completion.

4. What is the post-high school transportation goal backup plan?

General Knowledge:

Describe the following in relation to how well the student can perform the skills at work or employment sites in the community.

1. Describe the student's ability to use basic and higher level math operations needed to complete assignments at school and work; how well the student solves problems using measurement skills; uses reasoning and problem-solving in math; makes sense of problems and perseveres in solving them; applies math to solve problems in everyday life; and solves problems mathematically by using tables, graphs, equations or other representations.

2. Describe the student's ability to tell time including time awareness, understanding of clock functions, use of analog and digital clocks, and ability to identify breaks.

3. Describe how well the student applies money skills in everyday life, balances a checkbook, uses a calculator, distinguishes between coins, counts money, makes change, makes minor and major purchases, utilizes next dollar strategy, budgets own money, etc.

4. Describe how the student reads written directions, charts or guides to complete tasks and work assignments; recognizes and uses symbols, signs, and maps when traveling to and from a job task; and completes forms and other required information for employer or school.

5. What type of supports and adaptations facilitate the use of the skills listed in 1-4, if any? Indicate if no supports are needed.

6. Learning Style -Indicate the student's primary learning style, i.e., auditory, visual, verbal, physical/kinesthetic, logical/analytical, social/linguistic, solitary, or nature.

Work Behavior:

1. Describe how student behaves in familiar work environments

2. Describe how student behaves in unfamiliar work environments. Include the student's ability to generalize skills and knowledge to different settings, people and materials/equipment.

3. Describe the student's ability to anticipate consequences of personal actions.

4. For inappropriate student behavior(s), if any were described in 1-2 of this section, was the cause determined? If so, describe the cause of the behavior(s). Can the behavior(s) be matched to a more suitable work setting?

5. Describe work behavior supports or interventions needed, if any.

Communication:

Describe the following in relation to how well the student communicates at work or employment sites in the community.

1. Speech sound production and use: speaks clearly or unclearly; understandable to peers, adults, strangers; pronunciation of words and phrases, etc.
2. Receptive and expressive language: how the student communicates wants and needs; primary mode of communication (sounds, gesture; key word/signs, sign language, augmentative communication device); ability to express needs appropriately; ability to answer questions appropriately; ability to follow verbal directions (indicate number of steps); ability to follow verbal prompts, etc.
3. Voice: Voice quality (no issues/hoarse/breathy/nasal), voice pitch in relation to age and gender, presence of voice abuse behavior: (yells, screams or speaks loudly), etc.
4. Fluency: Conversational speech rate and rhythm, normal or exhibits disfluencies (prolongs words/blocks on words); awareness of any disfluencies; any secondary characteristics when speaking (eye blinks, posturing, squeezing fists, etc.).
5. Language Use and Context: How the student gives/takes during conversations; adjusts communication style to audience (peers adults, etc.); recognizes/responds to figures of speech/expressions; recognizes/understands facial expressions, body language, and proximity; etc.

Social Skills/Interactions:

Describe the student's social skills in relation to how well the student interacts with others at schooland at work or employment sites in the community.

Examples of social skills include but are not limited to level of interest in social interactions; interacting with peers and adults; building and maintaining friendships and relationships; typical interpersonal behaviors displayed; and participating in organized and informal activities. Include any needed supports for deficit social skills.

Teamwork:

Check the following based on observations during team activities conducted with the student. Team activities conducted at a work or employment site are preferred. Activities may be conducted in a school setting, as necessary.

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Reliable - Completes team tasks assigned, punctual for team meetings/assignments, models self-control		
Effective Communicator - express thoughts and ideas clearly and directly with respect for others, gives and takes in team conversations		
Active Listener - listens to and respects different points of view within the team, accepts constructive feedback from others without getting upset or defensive .		
Participates - is prepared and gets involved in team activities and discussions; is a regular contributor.		
Shares openly and willingly - willing to question and share information, experience, and knowledge with the group.		
Cooperative - works with other members of the team to accomplish the job, practices conflict resolution, demonstrates ability to divide work.		
Flexible - adapts when the team changes direction or when asked to try something new.		
Positive Work Ethic - dedicated, exhibits dependability, accepts responsibility. Always give best effort. Practices ethical behavior in team situations.		
Problem Solver - utilizes critical-thinking skills, problem-solving skills and decision-making skills to plan and arrive at solutions.		
Respectful - treats other team members with courtesy and consideration, respects individual differences, accepts and provides constructive criticism.		

Work Skills Observations:

Check all items in sections 1-10, based on observations from activities conducted with the student.

1. Appearance/hygiene

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Demonstrates appropriate dress for the situation		
Demonstrates appropriate hygiene		

2. Problem solving skills

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Recognizes and identifies early signs of problems		
Considers solutions & potential consequences to determine best options/outcomes		
Recognizes when to asks for assistance (peers, co-workers, persons in authority, etc.)		
Requests clarification when necessary		

3. Acceptance of supervision

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Demonstrates polite and respectful behavior toward those in authority		
Accepts constructive criticism from those in authority		
Respects and carries out directions given by others for job tasks		
Resolves differences of opinion in a satisfactory manner		

4. Attention to task/Persistence

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Completes work tasks successfully to produce the required result.		
Maintains attention and focus until task is completed		
Completes work tasks on time		

5. Initiative/Motivation

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Seeks additional work when tasks are completed		
Seeks direction or requests feedback, when needed		
Moves from one task to another		
Arrives ready to work/Prepares to leave for work		

6. Awareness of safety precautions

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Assumes responsibility for safety of self and others		
Follows written and verbal safety rules		

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

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Uses materials & equipment properly		

8. Adapting to Change

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Adapts to schedule changes		
Adapts to task/duties changes		
Adapts to environmental changes (heat, noise, location)		
Adapts to personnel changes (peer, supervisor)		

9. Ability to maintain adequate productivity/pace

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Completes tasks at the pace and speed required of others		
Utilizes physical mobility to complete a task, as needed		

10. Attendance/Punctuality

Skill Assessed	Choose I, WA, AC	With Assistance: specifics/comments recommended. Area of Concern: specifics/comments mandatory.
Demonstrates consistent and punctual attendance		
Takes responsibility for notification of tardiness or absenteeism		
Makes transitions within classroom, school building, or school campus within timeframe(s) given		
Makes transitions within the community and worksites within the timeframe(s) given		

Intensity of Supports Needed:

Describe the type and level of supports needed for employment after high school such as natural supports, family support (very, supportive with reservations, no support), assistive technology, etc. Also indicate if supported employment may be needed after high school exit.

Work Environment/Schedule:

1. Describe the ideal work setting/environment for the student (inside, outside, noisy, quiet, organized, unorganized, small area only, large, bright, dim, etc.).

2. Describe the student's desired work schedule (will work weekends, evenings, mornings, etc.) Indicate if factors such as: transportation, endurance, and medication affect when/how often a student desires to work.

Summary and Recommendations

Utilize information from the previous sections of the assessment to complete the following summaries and recommendations.

Recommended Vocational Goal for the Individualized Plan for Employment (IPE):

Recommended Work Environment:

Post-High School Transportation Plan:

Supports needed to achieve competitive integrated employment:

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: