AGENCY LETTERHEAD

### Vocational Evaluation Report

**CLIENT NAME:** Click here to enter text.**\_\_\_\_\_\_\_ AUTHORIZATION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPORT BY:** Click here to enter text.**\_\_\_\_\_\_\_ PHONE:** Click here to enter text.

**REPORT DATE:** Click or tap to enter a date.

**ORS COUNSELOR:** Click here to enter text.

Dates of Reporting Period: From: Click or tap to enter a date. To:Click or tap to enter a date.

**VOCATIONAL INFORMATION OBTAINED TO DETERMINE JOB MATCH**

Discovery Process Information

* + Interest inventories (if completed): Click here to enter text.
	+ Family Supports: Click here to enter text.
	+ Job Shadow/Observations (if completed): Click here to enter text.
	+ Assistive technology (if necessary): Click here to enter text.
	+ Feedback from identified supports: Click here to enter text.
	+ Aptitude Testing (test name, results and administrator if completed): Click here to enter text.

Stated Skills/Interests: Click here to enter text.

Stated Job Goal **(Match with sites):** Click here to enter text.

Sites approved by ORS counselor: Site 1 Date Approved: Click here to enter text.

Site 2 Date Approved: Click here to enter text.

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**CURRENT ASSESSMENT ACTIVITIES**

**WORK SITE 1**

1. **Worksite Experience in Community-Based Integrated Setting:**

Work site name and address: Click here to enter text.

Work environment description: Click here to enter text. Job Title: Click here to enter text.

Hours of Work: Click here to enter text.

1. **Labor Market Evaluation O\*NET** [https://www.onetonline.org/find/](https://www.onetonline.org/find/%20%20%0D)

**Findings:** Click here to enter text.

**CURRENT VOCATIONAL PROFILE**

**INDIVIDUAL STYLES OF LEARNING JOB TASKS**

* + Job description: Click here to enter text.
	+ Job Tasks: Click here to enter text.
	+ Training supports required: Click here to enter text.
	+ Time spent on each task: Click here to enter text.
	+ Ability to ask for assistance when needed: Click here to enter text.
	+ Ability to complete job tasks: Click here to enter text.

Additional Information: Click here to enter text.

**JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS**

* + Amount of Supervision on task needed: Click here to enter text.
	+ Behavioral concerns: Click here to enter text.
	+ Stamina: Click here to enter text.
	+ Style of learning: Click here to enter text.
	+ Level of independence: Click here to enter text.
	+ Interpersonal Skills: Click here to enter text.
	+ Transportation: Click here to enter text.
	+ Other support needs: Click here to enter text.

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Additional Information: Click here to enter text.

**Interactions with Co-Workers and Supervisor**

* + Ability to take direction: Click here to enter text.
	+ Ability to handle redirection or correction: Click here to enter text.
	+ Appropriateness of social interactions: Click here to enter text.
	+ Communication with co-workers, supervisor and customers: Click here to enter text.
	+ Additional Information: Click here to enter text.

**WORK SITE 2**

1. **Worksite Experience in Community-Based Integrated Setting:**

Work site name and address: Click here to enter text.

Work environment description: Click here to enter text. Job Title: Click here to enter text.

Hours of Work: Click here to enter text.

1. **Labor Market Evaluation O\*NET** [https://www.onetonline.org/find/](https://www.onetonline.org/find/%20%20%0D)

**Findings:** Click here to enter text.

**CURRENT VOCATIONAL PROFILE**

**INDIVIDUAL STYLES OF LEARNING JOB TASKS**

* + Job description: Click here to enter text.
	+ Job Tasks: Click here to enter text.
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	+ Ability to complete job tasks: Click here to enter text.

Additional Information: Click here to enter text.

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	+ Communication with co-workers, supervisor and customers: Click here to enter text.

Additional Information: Click here to enter text.

**Summary of Worksites**

###### Recommendations for next steps based on report

* Include services needed: Click here to enter text.
* Further assessment needed (please document justification): Click here to enter text.
* Performance issues needing to be addressed: Click here to enter text.
* Readiness for job development and placement: Click here to enter text.
* Document any issues that were discussed with ORS counselor during evaluation: Click here to enter text.

Additional Information: Click here to enter text.

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Job Developer Signature: