Vocational Evaluation Report

REPORT PROVIDED BY: _____ **Phone:**_____

AGENCY (VENDOR) REPORTING: _____

SUBMITTED TO ORS COUNSELOR: _____

Dates of Reporting Period: From: _____ To: _____

Client Name: _____ SS#: _____

* * *

VOCATIONAL INFORMATION OBTAINED TO DETERMINE JOB MATCH

Vocational Assessment:_____

Educational & Learning Assessment Provided by: _____

Other (Rehabilitation Technology, Social & Family Information): _____

_____

Identification of Extended Support Provider(s): _____

_____

Discovery Process Information: _____

_____

CURRENT ASSESSMENT ACTIVITIES

I. Work Assessment(s): **Yes** ☐ **No** ☐

Place: _____

Job Tryouts: _____

Time: _____

II.	**Job Analysis:**	**Yes** ☐	**No** ☐
III.	**Labor Market Evaluation**	**Yes** ☐	**No** ☐
IV.	**Vocational/Career Counseling**	**Yes** ☐	**No** ☐
V.	**Rehabilitation Technology Evaluation**	**Yes** ☐	**No** ☐
VI.	**Benefits Analysis**	**Yes** ☐	**No** ☐
VII.	**Job Development**	**Yes** ☐	**No** ☐

* * *

CURRENT VOCATIONAL PROFILE

	Assets	Limitations
Performance		
Behavioral		
Interpersonal		

* * *

CLIENT STYLES OF LEARNING JOB TASKS

_____

_____

_____

* * *

JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS
(Supervisory, behavioral, tolerance, learning, independence, interpersonal, etc.)

_____

_____

_____

Information Derived from the following work assessment location: _____

_____

Job Title: _____

Hours of Work: _____ Pay: _____

* * *

Please describe further Job Development required (include type(s) of jobs considered):

_____

_____

_____

_____

Further Assessment Required (please describe):

_____

_____

_____

_____

Narrative of Placement Assessment:

_____

_____

_____

_____

* * *

Job Goal/Match: _____ GOE Code: _____

Stated Interests: _____

_____

* * *

Signature: _____ Date: _____

Title: _____ Agency: _____