# *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.

**CURRENT ASSESSMENT ACTIVITIES**

**WORK SITE 1**

**I. 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.

**II. 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.

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**

**I. 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.

**II. 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**

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* Behavioral concerns: Click here to enter text.
* Stamina: Click here to enter text.
* Style of learning: Click here to enter text.
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* Interpersonal Skills: Click here to enter text.
* Transportation: Click here to enter text.
* Other support needs: Click here to enter text.

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.

**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.

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| --- |
| Job Developer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ORS Counselor: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |