

## SE Career Profile Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be completed prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

Report Month (Month)	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Author
Purchase Order (PO) Number

The Career Profile benchmark payment will be paid once the Career Profile form and services as described in the technical specifications are completed, submitted and accepted by DVR. It is expected that the consumer will be contacted immediately upon referral (within 48 hours) and the face-to-face interviews to work on the form and other interviews will begin no later than 2 weeks following the referral. The timeframe for completion of the services and submission of the report is 60 days.

## Career Profile

This form is to be completed by the employment/education specialist during the first few weeks of meeting with someone. Sources of information include: the person, the SE team, client records, and with permission, family members and previous employers. The profile should be updated with each new job and education experience using job start, job end, and education experience forms.

### Work Goal

What is your dream job? What kind of work have you always wanted to do?

What are your long-term career goals?

What type of job do you think you would like to have now?

What is it that appeals to you about that type of work?

What type of job(s) do you know that you would not want?

Do you know people who are working? What types of jobs? What do you think about those jobs?

Is there anything that worries you about going to work? Why do you want to work?

### Education

Are you interested in going to school or attending vocational training now to advance your work career?

### Education/Learning History

Did you complete high school?

Yes  No

If no, would you be interested in earning your GED/high school equivalency diploma?

Yes  No  N/A

Did you participate in vocational training classes in high school?

Yes  No

Have you ever completed an apprenticeship (i.e., plumbing, welding, electrician, etc.)?

Yes  No  N/A

If yes, what year?

Did you complete any job related job-related training in the military?

Yes     No     N/A

If yes, please describe the training, including years and any certificates earned.

**Other Education or Training Programs**  N/A

Name of Educational/Training Institution

City/State

Years Attended

Type of Degree or Certificate Sought

Degrees, Certificates, or Classes Completed

If program was not completed, why not?

What did you like most about the program?

What did you like least about the program?

Type of financial aid used, if any

Name of Educational/Training Institution

City/State

Years Attended

Type of Degree or Certificate Sought

Degrees, Certificates, or Classes Completed

If program was not completed, why not?

What did you like most about the program?

What did you like least about the program?

Type of financial aid used, if any

Name of Educational/Training Institution

City/State

Years Attended	Type of Degree or Certificate Sought
Degrees, Certificates, or Classes Completed	
If program was not completed, why not?	
What did you like most about the program?	
What did you like least about the program?	
Type of financial aid used, if any	
Do you have copies of the degrees, licenses, certificates that you have earned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in earning a specific certificate, license, or degree for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>If the individual is not interested in additional schooling or technical training now, skip the next set of questions and ask about work history instead.</p>
What types of job are you interested in obtaining?
<p>Do you know of a specific training/education program you would like to pursue?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what type of training would you like to pursue?</p>
What is it about that field that interests you?
<p>Do you know about the availability of those jobs in this area?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
What is the occupational outlook for those jobs?
When would you like to start an educational or training program?
How long do you want to go to a school or training program?

What is your timeframe for completing education or training?	
Would you be interested in visiting some local programs (community college, four-year college, adult vocational training) to learn about different options for degrees and certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in joining a trade union (e.g., bakers, maintenance)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know the requirements for joining? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to visit the union office to learn more? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other job training or educational opportunities that you would like to learn more about? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list them below:	

<b>School Experiences</b>
Let's talk about some of your school experiences and how they were for you
Being called on in class? <input type="checkbox"/> Okay <input type="checkbox"/> Problem Comments:
Social situations? <input type="checkbox"/> Okay <input type="checkbox"/> Problem Comments:
Taking tests? <input type="checkbox"/> Okay <input type="checkbox"/> Problem Comments:
Learning from lecture? <input type="checkbox"/> Okay <input type="checkbox"/> Problem Comments:
Learning by reading? <input type="checkbox"/> Okay <input type="checkbox"/> Problem Comments:
Learning hands on? <input type="checkbox"/> Okay <input type="checkbox"/> Problem Comments:

Concentration?

Okay  Problem

Comments:

Memory?

Okay  Problem

Comments:

Using computers?

Okay  Problem

Comments:

Did you have an IEP (individual education plan) while you were in school?

Yes  No

If yes, did that include different strategies to help you learn?

Yes  No

If yes, what were those?

Were you in any advanced classes?

Yes  No

If yes, which ones?

Has anyone ever told you that you had a learning disability?

Yes  No

If yes, what do you know about it?

What accommodations have helped you in the past?

What are your strengths related to being a student?

What languages do you know?

## Plans for School and Training

What do you need in order to start school?

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Access to a computer                 | <input type="checkbox"/> Computer literacy                | <input type="checkbox"/> Quiet place to study     | <input type="checkbox"/> Transit card |
| <input type="checkbox"/> Financial aid                        | <input type="checkbox"/> Books/ supplies                  | <input type="checkbox"/> Mental health support    | <input type="checkbox"/> Eldercare    |
| <input type="checkbox"/> Help with transit route              | <input type="checkbox"/> Help studying                    | <input type="checkbox"/> Help with study calendar | <input type="checkbox"/> Childcare    |
| <input type="checkbox"/> Help navigating campus               | <input type="checkbox"/> More support from family/friends |   |                                       |
| <input type="checkbox"/> Help talking to teachers/instructors | <input type="checkbox"/> Other:                           |   |                                       |

Comments:

What are your resources for paying for school tuition? For books? For other school costs?

Have you ever received financial aid for school

- Yes     No

Have you ever had a grant?

- Yes     No

If yes, what type?

Have you ever defaulted on a grant or student loan?

- Yes     No

Do you need any type of classroom accommodations?

- Yes     No

If yes, what type?

What other types of supports may help you succeed in school or training?

### Work Experience

**Most recent job**

N/A – Person has no work experience

Job Title

Employer

Job Duties

Start Date

End Date

Number of hours worked per week

How did you find this job?

What did you like about job?

What did you dislike about job?

What was your supervisor like?
What were your co-workers like?
Reason for leaving job?
Any other information you would like to share about this job?

<b>Next most recent job</b>			<input type="checkbox"/> N/A – Person has only had one job
Job Title		Employer	
Job Duties			
Start Date	End Date	Number of hours worked per week	
How did you find this job?			
What did you like about job?			
What did you dislike about job?			
What was your supervisor like?			
What were your co-workers like?			
Reason for leaving job?			
Any other information you would like to share about this job?			

<b>Next most recent job</b>		<input type="checkbox"/> N/A – Person has only had two jobs
Job Title	Employer	

Job Duties		
Start Date	End Date	Number of hours worked per week
How did you find this job?		
What did you like about job?		
What did you dislike about job?		
What was your supervisor like?		
What were your co-workers like?		
Reason for leaving job?		
Any other information you would like to share about this job?		

*Please use additional sheets for other jobs.*

Military Experience	
<input type="checkbox"/> Not applicable because person was not in military	
Branch	Dates
Training or work experience	
Certificate or license	

Cultural Background
Use the following script to introduce the next set of questions to the person: “Our agency aims to work with people from different backgrounds and with diverse experiences. The next set of questions will help me understand your background and culture, which may help us in planning for jobs.”
What is important to you in terms of your background and culture? (i.e., race, ethnicity, color, gender, economic status, etc.)

What different languages do you speak?
What language do you prefer?
What special events or holidays do you celebrate?
Are there family traditions that you still practice?
How would you like your family involved as we move forward in the process of getting and keeping a job?
Is it important to you whether your work supervisor is male or female? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever felt discriminated against or treated unfairly when you were looking for work or on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

### Mental Health

Has anyone ever told you that you have a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what did they say?
How does your mental illness affect you?
What are the first signs that you may be experiencing a symptom flare-up?
How do you cope with your symptoms?
What medications do you take and when do you take them?
How do the medications work for you??

### Physical Health

How is your physical health? Do you have any health problems?
---

Do you have any problems with the following:

Standing for long periods?

Yes

No

Can you stand for more than an hour?

Yes

No

Sitting?

Yes

No

How long can you sit?

Climbing stairs?

Yes

No

How many flights?

How often?

Lifting?

Yes

No

How much can you lift?

Endurance?

Yes

No

How many hours can you work each day?

How many hours can you work each week?

What is the best time of day for you?

### Cognitive Health

Do you have problems with memory?

Yes

No

Do you have problems with concentration?

Yes

No

Do you have problems doing things fast (psychomotor speed)?

Yes

No

If yes to any of the above questions, what things have helped with these issues in the past?

### Getting Ready for a Job

Do you have the clothes you will need for a job?

Yes

No

Do you have the clothes you will need for interviews?

Yes

No

Do you have an alarm clock or way to wake up for work?

Yes

No

Do you have two forms of identification (picture ID, social security card)?

Yes

No

How will you get to work?

### Interpersonal Skills

Would you like a job that involved working with the public?

Yes

No

Where do you live and with whom do you live?

Who do you spend time with? How often do you see or talk to them?

Who can help us think about jobs you would enjoy?

Has an appointment been made with this person to discuss jobs?  
 Yes     No  
 If no, why not?

Once you are employed, who would be a good person to support you?

Anyone else?

**Benefits**

Do you receive any of the following benefits?

SSI                                       SSDI                                       Housing Subsidy                                       Food Stamps                                       TANF  
 Retirement from previous job     VA benefits (combat related?  Yes     No)  
 Spouse or dependent child receives benefits  
 Medicaid                                       Medicare  
 Other benefits:  
 Unsure which benefits s/he receives  
 No benefits

Do you manage your own money?  
 Yes     No

Has a referral been made to a benefits planner?  
 Yes     No  
 If no, why not?

**Disclosure**  
 (or use "Plan for Approaching Employers" Worksheet)

Please explain that each person using supported employment services can decide whether or not their specialist will contact employers on their behalf.

What could be some of the advantages of having an employment specialist contact employers on your behalf?

What could be some of the disadvantages of having an employment specialist contact employers on your behalf?

Are there any things that you would not want your employment specialist to share with an employer?

Do you know whether or not you would like your specialist to go ahead and contact employers on your behalf? (It is okay to change your mind at any time.)

If you decided that the specialist should not contact employers, what things would you like him or her to do in order to help you find a job?

Help with job leads     
 Help filling out applications     
 Help writing a resume  
 Rides to job interviews     
 Practicing job interview questions and answers  
 Help following up on applications  
 Other:

**Substance Use**

Has anyone ever told you that you use or abuse alcohol/drugs too much?

How much alcohol do you drink?

How often?

Is there a particular time of day?

What drugs do you, or have you, used?

How often?

**Legal History**

Have you ever been arrested?  
 Yes     No

Have you ever been convicted of a crime?  
 Yes     No

Conviction 1	Year
Sentence	
Conviction 2	Year
Sentence	
Conviction 3	Year
Sentence	

Conviction. 4	Year
Sentence	
Conviction 5	Year
Sentence	
Conviction.6	Year
Sentence	
What problems, if any, were you having in your life at the time of the offense(s)?	
Do you have any pending legal charge(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what charge(s)?	
Parole Officer Name	Parole Officer Phone Number
Do you have a copy of your rap sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you want to get a copy of it? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Daily Activity</b>
What is a typical day like for you from the time you get up until you go to bed?
Are there places in your neighborhood that you like to go?
Do you belong to clubs, groups, a church, etc.?
What hobbies or interests do you have?
What are your typical sleep hours?
Networking Contact Names (family, friends, previous employers, other)
Information from family, previous employers, others

**Signatures**

Staff Signature	Date Signed
Client Signature	Date Signed

**Please add any additional information after this line.**

---

DRAFT