

## SE Career Profile Report

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

|   |   |
|---|---|
| Report 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                        |

### Instructions

This form is to be completed by the employment specialist during the first few weeks of meeting with a consumer. All sections should be completed first with information from the consumer when meeting in the community, and then by individual interviews with the Supported Employment (SE) team. All members of the SE team should be contacted and interviewed. Other sources of information should include existing client records (review and summarize), and observation of interactions with the consumer in the community or other means as approved by DVR, and, with permission, family members, teachers, and previous employers or co-workers. The provider to the extent possible should observe the consumer in the community.

### Potential Members of the Supported Employment Team

Supported Employment services are provided as a working team with the DVR consumer at the center. The makeup of the team is individualized based on the needs and expressed wishes of the consumer. The team typically includes the consumer, the DVR Counselor, a Supported Employment service provider, a guardian (if applicable), family members, representative payee, representatives of the entities providing funding and service coordination following DVR case closure, and any other individuals identified who support the consumer's employment goals. If the provider is finding it difficult to identify team members, they should reach out to DVR to confer.

|  |   |
|--|---|
| Consumer Name:<br>Phone:<br>Email:                         | Guardian Name:<br>Phone:<br>Email:<br>Relationship to the consumer:       |
| DVR Counselor Name:<br>Phone:<br>Email:                    | Provider Staff Name:<br>Phone:<br>Email:<br>Relationship to the consumer: |
| Long-Term Support Name:<br>Phone:<br>Email:                | Name:<br>Phone:<br>Email:<br>Relationship to the consumer:                |
| Name:<br>Phone:<br>Email:<br>Relationship to the consumer: | Name:<br>Phone:<br>Email:<br>Relationship to the consumer:                |

What do the team members say about the consumer's vocational strengths and challenges?

### Work Goal

Have you identified a job goal with your DVR Counselor? What was that goal? (identify if the provider discovers that the goal is different from what was discussed with DVR)

There should be discussion about the job goal and why the consumer has identified a goal or goals. The discussion should include topics such as: Do you like (or think you will like) that kind 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? In what jobs or environments have you been successful with work?

### Education/Training Experience

Did you complete high school?

Yes No

If No, would you be interested in earning your GED/high school equivalency diploma or other training?

Yes No Not Applicable

Did you participate in any work-related experiences in high school? Identify what experiences the consumer took part in including: job shadows, work tours, coursework, careers or job readiness class, workplace assessments, volunteer activities, DVR provided student work-based learning services, resume, or portfolio development.

Yes No

If Yes, what activities took place and was that like? What did the consumer identify that they learned from those experiences to help them now?

### Job and Work Experience

(Please use additional sheets for other jobs.)

#### Most Recent Job

Not Applicable – Person has no work experience

Job Title

Employer

Job Duties

Start Date

End Date

Number of Hours Worked per Week

Additional details that should be discussed about each job to include: How did you find this job? What did you like about this job? What did you dislike about this job?, What was your supervisor like?, What were your co-workers like?, What was the reason for leaving this job?, Any other information you would like to share about this job?

#### Next Most Recent Job

Not Applicable – Person has no work experience

Job Title

Employer

|   |          |                                 |
|---|----------|---------------------------------|
| Job Duties  |          |                                 |
| Start Date  | End Date | Number of Hours Worked per Week |
| Additional details that should be discussed about each job to include: How did you find this job? What did you like about this job? What did you dislike about this job?, What was your supervisor like?, What were your co-workers like?, What was the reason for leaving this job?, Any other information you would like to share about this job? |          |                                 |

|   |          |  |
|---|----------|--|
| <b>Next Most Recent Job</b>   |          | Not Applicable – Person has no work experience |
| Job Title   | Employer |  |
| Job Duties  |          |  |
| Start Date  | End Date | Number of Hours Worked per Week                |
| Additional details that should be discussed about each job to include: How did you find this job? What did you like about this job? What did you dislike about this job?, What was your supervisor like?, What were your co-workers like?, What was the reason for leaving this job?, Any other information you would like to share about this job? |          |  |

|  |
|--|
| <b>Criminal Justice History</b>  |
| Please describe any criminal justice involvement and relevant work implications. Please also include the contact of any individuals who need to be consulted or included in planning for employment such as a probation or parole staff member assigned to work with the consumer. |
| Do you have any pending legal charge(s)?<br>Yes      No<br>If Yes, what charge(s)?   |

|   |
|---|
| <b>Physical Health</b>  |
| How is the consumers physical health? Do they have any health problems to consider in employment?   |
| Does the consumer have any daily living or other support needs that may require another individual to help? (e.g., toileting, assistance to eat/drink during breaks and lunch, take medications, etc.)? |

| Identify the following information          | Yes | No | Please describe relevant work details |
|---|-----|----|---------------------------------------|
| The consumer can stand for      min/hours . |     |    |                                       |
| The consumer can climb stairs               |     |    |                                       |

|   |  |  |  |
|---|--|--|--|
| The consumer can lift       pounds              |  |  |  |
| The consumer can walk       feet/blocks         |  |  |  |
| The consumer can work       hours per day       |  |  |  |
| The consumer can work       days per week       |  |  |  |
| The consumer has issues with balance.           |  |  |  |
| The consumer has issues with fine motor skills. |  |  |  |
| Other:  |  |  |  |

### Life Activities and Experiences

Information in this section is used to identify any other interests, networking, volunteer, or work experience, or strength areas not identified in other sections.

Friends and social group(s)

Describe the personal activities, including hobbies, performed at home and the community

Describe the Family/friend activities, including hobbies, performed at home and the community

Specific events and activities that are of critical importance to you.

What are your typical sleep hours? What is the best time of day for you to work?

### Description of Skills, Interests, and Conditions in Life Activities

| Type of Skill(s)                     | Name of Skill(s) |
|--------------------------------------|------------------|
| Domestic/Home                        |                  |
| Community Participation/Volunteering |                  |
| Recreation/Leisure                   |                  |
| Academic                             |                  |
| Physical Fitness                     |                  |
| Arts and Talents                     |                  |
| Communication                        |                  |

|                 |  |
|-----------------|--|
| Mobility/Travel |  |
|-----------------|--|

| Transportation Plan  |  |  |          |          |               |                                       |                  |
|--|--|--|----------|----------|---------------|---------------------------------------|------------------|
| Plan for transportation (resources, cost, roles, and responsibilities). Complete as much of the table as possible. If the area does not apply, enter N/A. Describe the plan. |  |  |          |          |               |                                       |                  |
|  | Geographic Area it is Available/ Practical | Times it is Available (Days and Hours) | Flexible | Reliable | Cost per Ride | Training or Support Needed & Provider | Long-Term Option |
| Walking  |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Biking   |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Public Transit   |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Rides from Family  |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Ride share with Community Member/Coworker  |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Taxi or Transportation Company   |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Driver's License   |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Specialized Transportation   |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |
| Other  |  |  |          |          |               | Yes<br>No                             | Yes<br>No        |

| Service Recommendations  |
|--|
| Provide a summary of any additional service needs for the consumer.  |
| Based on the assessment done in the Career Profile, is the consumer recommended for Supported Employment services? Why or why not? |
| Do you think the consumer would benefit from assistive technology or other work accommodations? If so, why?                        |

Do you recommend any other services for the consumer? If so, which services? Examples: Work Incentive Benefits Analysis, Skill building, transportation training, Internship/Temporary Work, Job Shadows, Other (please describe).

Does this person have a behavioral support plan or formalized written plan in place used as a guide for in home or community activity?

Yes      No

If Yes, please describe contents and identify source or location:

### **Work and Support Recommendations**

Provide a summary of findings identified during the Career Profile experience.

#### **Job Search**

Which components of a job search has the consumer done in the past or is comfortable doing (e.g., completing job applications, communicating directly with employers, etc.)?

After discussing the components of a job search, which components does the consumer want to try doing with some assistance at first?

#### **Job Match**

Physical/health ideas for solutions:

Mental health considerations in employment (e.g., interpersonal skills, coping skills), or staff to be used as strategies

Habits, routines, or mannerisms to be considered in the job placements

Is there a payee or does the consumer understand how any benefits may be affected by earned income?

#### **Support Needs**

Promising solutions (current, past, or potential)

What does the consumer and their support team say about jobs or work environments that should be avoided (e.g., no working around allergens or dogs due to fear of big dogs)?

#### **Skills**

Identified skills or barriers that may need to be matched to specific employment sites (e.g., outside work, person-to-person interaction, etc.)

|  |
|--|
| Identified skills or barriers that may need negotiation with local employers (e.g., break times) |
| Any identified potential business matches for outreach (Include contact details):                |

### Supported Employment Coordination Plan Section

To be completed for only those consumers receiving Customized Employment, Individual Placement and Support (IPS), or Supported Employment.

**Note:** When working with Family Care, IRIS, CLTS, or other long-term support programs, DVR must coordinate with the program to identify the type of supports needed and when those services should be implemented and identified in corresponding consumer service plans. The communication should be documented and include an agreement for planned services, employment, payment, timing, and outcomes for the consumer.

The coordinated plans should be reviewed at the following three points in the process:

1. DVR Post Career Profile/Discovery meeting and assessment
2. DVR 60-day on-the-job meeting
3. Before transition to long-term support

### DVR Post Career Profile/Discovery Report Coordination

|   |                                |                            |
|---|--------------------------------|----------------------------|
| Consumer Signature  | DVR Counselor Signature        | Service Provider Signature |
| Guardian  | Provider of Long Term Supports | Other                      |
| <b>Signatures are suggested, but not required before submission for payment. In lieu of signature(s), an email attachment to the consumer's case stating agreement to the transition plan may also be accepted.</b> |                                |                            |

Please add any additional information after this line

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