



Texas Workforce Commission  
 Purchasing from People with Disabilities Program  
 Community Rehabilitation Center



## Employee Centered Vocational Assessment and Planning

### General Information

Employee's Name:	Employee ID:
Assessor's Name:	Date of Assessment:

### Employee Work Preference Assessment

*If you got a job, what would be okay and not okay?*

Job Requirement	Okay	Not Okay	Comments
Working indoors			
Working outdoors (including bad weather)			
Physical labor			
Lifting things			
Clerical work			
Cleaning			
Organizing and sorting			
Working with food			
Working on a computer			
Reading things			
Writing things			
Math			
Doing the same thing all day			
Doing lots of different things during the day			
Working in an office			
Working in a factor			
Working in a store			
Working in a warehouse			
Working in a small building			

### Employee Work Preference Assessment (con't)

*If you got a job, what would be okay and not okay?*

Job Requirement	Okay	Not Okay	Comments
Working in a big building			
Working by yourself			
Working with a few people			
Working with lots of people			
Working in a place that's noisy			
Working in a place that's quiet			
Requirement to talk to people			
Requirement to be quiet all day			
Having a supervisor nearby most of the day			
Not having a supervisor nearby			
Helping customers			
Working with animals			
Working with plants			
Dressing up for work			
Wearing a uniform			
Dressing casually			
Moving and walking around			
Sitting all day			
Getting dirty at work			
Having to stay clean at work			
Working mainly with people younger than you			
Working mainly with people older than you			
Working with children			
Starting work in the morning			
Starting work in the afternoon			

### Employee Work Preference Assessment (con't)

*If you got a job, what would be okay and not okay?*

Job Requirement	Okay	Not Okay	Comments
Starting work in the evenings			
Working on weekends			
Working on holidays			

· How many hours per day would you like to work? \_\_\_\_\_ · How many days per week would you like to work? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Employee Assessment of Work History

· Where have you worked?  
\_\_\_\_\_

· What jobs have you liked?  
\_\_\_\_\_

· What jobs have you not liked?  
\_\_\_\_\_

· What were the things about the job(s) that you liked?  
\_\_\_\_\_

· What were the things about the job(s) that you didn't like?  
\_\_\_\_\_

· Now that you've thought about what you like and don't like, make a list of jobs that you might like and/or the kinds of places you would like to work?  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Work Behaviors**

Arrives on time		Initiates work/task independently		Responds appropriately to supervisor's request(s)	
Arrives well groomed		Can maintain steady rate of production		Acknowledges and accepts changes in contract/activity	
Reports to work area		Follows established work/training routine		Accepts supervision from unfamiliar persons	
Identifies current contract/activity		Works well with others		Accepts supervision from familiar people	
Independently prepares for work		Obtains/replenishes work/training supplies		Completes tasks within deadlines established	
Regularly attends work		Asks for help when direction is needed		Demonstrates appropriate interaction with coworkers	
Notifies supervisor if not able to come to work or will be late		Identifies mistakes		Notifies supervisor of problems	
Wears appropriate clothing/shoes for workplace/training area		Corrects mistakes		Able to identify the role of the employee/trainee	
Remains in work/training area during work/training time		Shows willingness to volunteer for tasks		Cleans work/training area at end of day	
Identifies proper break times/Returns at appropriate time		Completes task and requests new task upon completion			

*Comments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Training Plan

*Area(s) to be addressed in goals and objectives:*

### Personal Social Adjustment Training

- Acceptable work behaviors
- Appropriate use of time/schedule management
- Conflict resolution
- Developing or restoring self-confidence
- Developing socially acceptable behaviors
- Disability management
- Establishing basic etiquette
- Other:

- Personal appearance and grooming
- Person health and hygiene
- Self-advocacy skills
- Self-evaluation
- Social relationships
- Time/schedule management
- Workplace interaction
- Other:

### Work Adjustment Training

- Acceptance of supervision and direction
- Daily living skills
- Effective communication
- Goal setting
- Grooming, hygiene, work attire, and/or dress code
- Motivation
- Problem solving
- Other:

- Self-regulation/reliance
- Social skills
- Understanding roles and responsibilities in the workplace
- Work ethics
- Work practices and productivity (including safety and speed)
- Work tolerance
- Other:
- Other:

### Competitive Integrated Employment

I understand that this employment plan can include goals and training outside of the CRP environment. I have been informed of my employment options in competitive integrated employment and understand that my employers will assist me in obtaining my employment goals, whatever they might be.

Employee's Signature:

Date:

Legally authorized representative's signature, if any:

Date:

## Goals and Objectives

### Goal 1:

Objectives	Date Set	Projected Achievement Date	Date Achieved
A:			
B:			
C:			

Activities and interventions:

Description of abilities at entrance of training:

### Goal 2:

Objectives	Date Set	Projected Achievement Date	Date Achieved
A:			
B:			
C:			

Activities and interventions:

Description of abilities at entrance of training:

### Goal 3:

Objectives	Date Set	Projected Achievement Date	Date Achieved
A:			
B:			
C:			

Activities and interventions:

Description of abilities at entrance of training:

**Goals and Objectives (con't)**

**Goal 4:**

Objectives	Date Set	Projected Achievement Date	Date Achieved
A:			
B:			
C:			

Activities and interventions:

Description of abilities at entrance of training:

**Goal 5:**

Objectives	Date Set	Projected Achievement Date	Date Achieved
A:			
B:			
C:			

Activities and interventions:

Description of abilities at entrance of training:

**Additional Comments**

Additional comments, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signatures

### Employee's Signature

By signing below, I the employee or authorized representative, agree with the Vocational Assessment's goals and objectives recorded above. *If you do not agree, do not sign this form.*

Employee's Signature

Date:

Legally authorized representative's signature, if any:

Date:

### Assessor's Signature

By signing below, I the Assessor, certify that I:

- Identified the goals, objectives, and training for the employee's plan with the employee, legal authorized representative (if any), and VR counselor as appropriate;
- Discussed the Vocational Assessment with the employee and the employee's legal authorized representative, if any;
- All signatures were obtained on the date stated in the date field of the form;

Assessor's Signature:

Date:

Assessor's Printed Name and Title:

### TWC Vocational Counselor's Signature (if applicable)

By signing below, I the VR Counselor, agree with the goals and objectives in the above Vocational Assessment

VR Counselor's Signature:

Date:

VR Counselor's Printed Name: