

## Using the Vocational Profile for Students with Disabilities

The Vocational Profile (VP) is a tool for documenting and structuring functional information about a student with disabilities that is vitally important for anyone who will provide assistance to the student to obtain and keep integrated employment in the community. The VP is an alternative to traditional, standardized vocational evaluations, and differs from these traditional vocational evaluations in that it does not numerically measure skills or abilities, compare the individual student's performance against some standardized norm, or attempt to predict success or failure in regard to employment. Instead, the VP provides a framework for recording information such as the student's preferences and needs for a job, endurance and physical capabilities, general work performance, mobility and transportation needs/options, general community skills, social skills, personal care needs/skills, personal networks for job development, and previous work history information including preferences about jobs. Whereas standardized vocational evaluations have been used to exclude students from community employment, the VP provides needed information for the customization of community employment opportunities, which enables students with disabilities to be successful. Every student with disabilities can work in the community if needed supports are provided. The VP can be completed by a variety of individuals (student, parent, teacher, job coach, friend, etc.) who know the student and have had the opportunity to observe the student perform a variety of activities in work, home and community settings.

Information from students' Vocational Profiles can be included in the transition section of their Individualized Education Programs as part of the *ongoing* process of collecting information on the students' needs, preferences, and interests as they relate to their future adult life.

Completed Vocational Profiles should accompany other information about students that is provided during the referral process to other agencies such as the New Jersey Division of Vocational Rehabilitation Services (DVRS), the New Jersey Division of Developmental Disabilities (DDD), and supported employment providers to assist in the creation of appropriate support plans for community employment.

### Vocational Profile

Date of Profile: \_\_\_\_\_ Profile Completed By: \_\_\_\_\_

Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Citizenship  U.S.  Other \_\_\_\_\_

Financial benefits  SSI  SSDI  Other \_\_\_\_\_ Amount: \_\_\_\_\_

Payee: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Student has been determined eligible to receive services from the following agencies:

- NJDCF Children's System of Care  NJDDD  NJDVRS  NJCBVI
- NJ Transit Access Link  County Paratransit System  Child Protection and Permanency
- Mental Health Agency  Center for Independent Living
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### I. Preferences and Needs

#### 1. Preferred Schedule:

(Number of hours per week)

- 2-10  31-40  Weekends Okay
- 11-20  40+  Evenings Okay
- 21-30

Current regularly scheduled activities or appointments that may interfere with employment

Event	Time/Day
_____	_____
_____	_____
_____	_____

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Preferred Characteristics of Job:**

- |  |     |  |
|--|-----|--|
| <input type="checkbox"/> Focus on quantity         | vs. | <input type="checkbox"/> Focus on quality/detail                 |
| <input type="checkbox"/> Interact with same people | vs. | <input type="checkbox"/> Interact with different people everyday |
| <input type="checkbox"/> Teamwork                  | vs. | <input type="checkbox"/> Independence                            |
| <input type="checkbox"/> Judgment                  | vs. | <input type="checkbox"/> Routine                                 |
| <input type="checkbox"/> Repetition                | vs. | <input type="checkbox"/> Variability                             |

Comments:

**3. Preferred Atmosphere of Company:**

- |   |     |  |
|---|-----|--|
| <input type="checkbox"/> Noisy                                    | vs. | <input type="checkbox"/> Quiet                         |
| <input type="checkbox"/> Frequent social interaction              | vs. | <input type="checkbox"/> Infrequent social interaction |
| <input type="checkbox"/> Busy                                     | vs. | <input type="checkbox"/> Slow, down time possible      |
| <input type="checkbox"/> Structured                               | vs. | <input type="checkbox"/> Flexible                      |
| <input type="checkbox"/> Professional attire                      | vs. | <input type="checkbox"/> Casual attire                 |
| <input type="checkbox"/> Outdoors                                 | vs. | <input type="checkbox"/> Indoors                       |
| <input type="checkbox"/> Small, defined areas                     | vs. | <input type="checkbox"/> Large area or areas           |
| <input type="checkbox"/> Moderate temperatures                    | vs. | <input type="checkbox"/> Very hot or cold temperatures |
| <input type="checkbox"/> Willing to work outside in snow and rain |     |  |

Comments:

**II. Endurance and Physical Capabilities**

**4. Strength**

- Very light lifting (Under 10 pounds)
- Light lifting (11-20 pounds)
- Medium lifting (21-30 pounds)
- Heavy lifting (Over 30 pounds)

Comments

**5. Endurance(without a break)** Check if never given the opportunity to exceed

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> 1 hour                                     | <input type="checkbox"/> |
| <input type="checkbox"/> 2 hours                                    | <input type="checkbox"/> |
| <input type="checkbox"/> 3 hours                                    | <input type="checkbox"/> |
| <input type="checkbox"/> Has worked 3 or more hours without a break |                          |

Comments:

**6. Arm Extension/Range of Motion**

Able to Reach From:

- \_\_\_ Lowest Point
- \_\_\_ Highest Point
- \_\_\_ Left/Right

Comments:

**7. Hand Use:**

Comments:

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**8. Head Control:**

Comments:

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**III. General Work Performance**

**9. Independent Work Rate (No prompts)**

- Continual fast work rate
- Above average/sometimes fast
- Average/steady pace
- Slow pace

Comments:

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**10. Attention to Task:**

- Low supervision required (Can work independently without direct supervision for more than 2 hours)
- Medium supervision required (Requires direct supervision at least every 2 hours or less)
- A lot of supervision required (Requires direct supervision at least every hour or less)

Comments:

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**11. Independent job sequencing:**

Check if never given the opportunity to exceed

- 7 tasks or more in sequence
- 4-6 tasks in sequence
- 2-3 tasks in sequence
- Cannot perform tasks in sequence

Comments:

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**12. Initiative/Motivation:**

- Always seeks new work
- Waits for directions
- Avoids next task

Comments:

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**13. Adapting to change:**

- Adapts easily to changes in routine or down time
- Adapts with difficulty to change
- Rigid routine is required

Comments:

**14. Reinforcement Needs:**

- Frequently required (throughout the day)
- Daily
- Weekly
- Paycheck sufficient

Comments:

**IV. Mobility and Transportation**

**15. Physical Mobility:**

- Uses wheelchair/ Requires assistance
- Uses wheelchair/Independent
- Fair ambulation
- Full physical ability

Comments:

**16. Building Orientation:**

- Building and grounds
- Building wide
- Several rooms
- Small area only

Comments:

**17. Travel Options:**

- Lift bus/van only
- Lift preferred, able to use taxi or other vehicle
- Uses Bus/Access Link independently
- Uses Bus/Access Link with assistance
- Makes own arrangements - transportation is not an issue

Comments:

**V. General Community Skills:****18. Time Awareness:**

- Manages time effectively
- Responds to environmental cues for activities
- Identifies breaks, meals,...
- Requires assistance for time related activities

Comments:

**19. Reading:**

- Fluent reading
- Simple reading; 2-3 words at a time
- Reads sight words or symbols; 1 word at a time
- No reading skills

Comments:

**20. Writing/Note taking:**

- Fluent note taking
- Simple writing/note taking
- Copies written information
- No writing skills

Method:

- Paper & pen or pencil
- Computer
- Other: \_\_\_\_\_

Comments:

**21. Math:**

- Multiplication
- Division
- Simple addition/subtraction
- Simple counting
- No computational skills

Comments:

**22. Special Academic Skills:**

- Calculator
- Making change
- Filing (how):
- Other:

Comments:

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**VI. Social Skills:**

**23. Mode of Communication:**

- Verbal
- Sign or gestural
- Assistive device – Please list device \_\_\_\_\_
- Other:

Comments:

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**24. Communication Function:**

- Communicates effectively with strangers and co-workers
- Communicates basic needs and engages in social conversation
- Communicates basic needs only
- Requires assistance to communicate

Comments:

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**25. Appropriate Social Interaction:**

- Frequent/varied social interaction
- Infrequent/routine social interaction
- Rarely interacts/polite and appropriate responses
- Rarely interacts appropriately

Comments:

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**26. Handling Criticism/Stress**

- Accepts criticism/changes behavior
- Accepts criticism/does not change behavior
- Dislikes criticism/ reluctantly changes behavior
- Withdraws into silence
- Resistive/Argumentative

Comments:

**VII. Personal Care:**

**27. Appearance:**

- Neat/clean/clothing matched
- Neat/clean
- Unkempt/clean
- Poor hygiene

Comments:

**28. Independent Self Care:**

- Independent
- Assistance with transfers from wheelchair
- Assistance with bathroom use
- Assistance with eating
- Other assistance required:

Comments:

**29. Describe any medical complications or conditions that could impact working in a job.**

Does the student have any epileptic seizures?  Yes  No

How frequent? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Are there any physical limitations in terms of work?

History of substance abuse/alcohol:

Does the student have any allergies?  Yes  No

Please specify: \_\_\_\_\_

(Include allergies to medication, food, and other substances)



Things the student liked about this job

Things the student disliked about this job

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B. Company name and address: \_\_\_\_\_

Date started/left: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Things the student liked about this job

Things the student disliked about this job

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C. Company name and address: \_\_\_\_\_

Date started/left: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Things the student liked about this job

Things the student disliked about this job

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D. Company name and address: \_\_\_\_\_

Date started/left: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title and responsibilities: \_\_\_\_\_

Things the student liked about this job

Things the student disliked about this job

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E. Company name and address: \_\_\_\_\_

Date started/left: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title and responsibilities: \_\_\_\_\_

Things the student liked about this job

Things the student disliked about this job

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F. Company name and address: \_\_\_\_\_

Date started/left: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title and responsibilities: \_\_\_\_\_

Things the student liked about this job

Things the student disliked about this job

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