**Vocational Planning Tool**

**Identifying Conditions for Success for a Student based on**

**Preferences, Interests, Needs and Strengths**

Information collected through this tool can be reflected in the person’s Individual Education Plan (IEP), Age Appropriate

Transition Assessment (AATA), Individual Plan for Employment (IPE), Individual Service Plan (ISP), Discovery, etc.

**Please note: This tool is NOT intended to be used to document why**

**a student cannot succeed, rather what it will take to see growth and success!**

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| --- | --- | --- |
| Student: |  | School: |
| Job/Environment Being Evaluated: |  | Date: |
| Person completing form: |  | Agency: |

**Multiagency Planning Team Members (if known):** Could include School District, County Board, Opportunities for Ohioans with Disabilities, Mental Health, etc. – list name and agency

**\*\*When considering each of these areas, please keep in mind the skills needed**

**for a *competitive work environment*, not comparing the student’s peers\*\***

**Work Related Behaviors – Rate each skill below**

**5 = Competitive 4 = Satisfactory 3 = Shows Progress 2 = Needs Improvement 1 = Unsatisfactory**

**Date assessed Date assessed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Social Behavior & Communication** |  |  |  |  |  | **Appearance &**  **Work Habits** |  |  |  |  |
| Self advocacy |  |  |  |  |  | Grooming & hygiene |  |  |  |  |
| Social interactions |  |  |  |  |  | Follows dress code |  |  |  |  |
| Appropriate conversations |  |  |  |  |  | Attendance |  |  |  |  |
| Seeks help when needed |  |  |  |  |  | Arrives on time |  |  |  |  |
| Manners/politeness |  |  |  |  |  | Returns from breaks |  |  |  |  |
| Accepts supervision |  |  |  |  |  | Fine motor skills |  |  |  |  |
| Accepts criticism |  |  |  |  |  | Gross motor Skills |  |  |  |  |
| Cooperates with others |  |  |  |  |  | Work stamina |  |  |  |  |
| Respectful of others |  |  |  |  |  | Attitude/work ethic |  |  |  |  |
| Handles stress |  |  |  |  |  | Motivation |  |  |  |  |
| Listens/follows directions |  |  |  |  |  | Works independently |  |  |  |  |
| Expresses personal needs |  |  |  |  |  | Impulse control |  |  |  |  |

**Other/Comments:**

**Work Related Behaviors – Rate each skill below**

**5 = Competitive 4 = Satisfactory 3 = Shows Progress 2 = Needs Improvement 1 = Unsatisfactory**

**Date assessed Date assessed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Performance** |  |  |  |  |  | **Job Performance** |  |  |  |  |
| Completes tasks |  |  |  |  |  | Retains job tasks |  |  |  |  |
| Self-checks work |  |  |  |  |  | Attention/focus on tasks |  |  |  |  |
| Maintains work area |  |  |  |  |  | Follows rules/safety |  |  |  |  |
| Works at appropriate rate/pace |  |  |  |  |  | Quality of work/accuracy |  |  |  |  |
| Adapts to change/flexibility |  |  |  |  |  | Problem solving |  |  |  |  |
| Takes pride in work |  |  |  |  |  | Takes initiative |  |  |  |  |
| Detail oriented |  |  |  |  |  | Shows improvement of skills |  |  |  |  |
| Works at a competitive level |  |  |  |  |  | Persistence |  |  |  |  |

**Other/Comments:**

**Preferences, Accommodations, Interventions and Prompts:** This is not an exhaustive list. Please add any additional that apply to the student below. Check the box for any observed preferences, accommodations made, interventions tried and prompts used and note below what worked and what did not work.

**Date assessed Date assessed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Preferences** |  |  |  |  |  | **Accommodations, Interventions & Prompts Used:** |  |  |  |  |
| Inside work |  |  |  |  |  | Written checklists |  |  |  |  |
| Outside work |  |  |  |  |  | Picture checklists |  |  |  |  |
| Working alone |  |  |  |  |  | Social cues |  |  |  |  |
| Working with others/on team |  |  |  |  |  | Pictures cues |  |  |  |  |
| Quiet environment |  |  |  |  |  | Use of timer |  |  |  |  |
| Noisy environment |  |  |  |  |  | Additional breaks necessary |  |  |  |  |
| Repetitive tasks |  |  |  |  |  | Extra time on tasks |  |  |  |  |
| Variety of tasks |  |  |  |  |  | Technology (iPad, phone, etc.) |  |  |  |  |
| Sedentary work |  |  |  |  |  | Reduced workload |  |  |  |  |
| Active work |  |  |  |  |  | Broken down tasks (1-2 steps) |  |  |  |  |
| Morning |  |  |  |  |  | Hand-over-hand prompts |  |  |  |  |
| Afternoon |  |  |  |  |  | Physical prompts/assistance |  |  |  |  |
| Changing environment |  |  |  |  |  | Verbal prompts |  |  |  |  |
| Consistent environment |  |  |  |  |  | Gestural prompts |  |  |  |  |
| Aversion to smells |  |  |  |  |  | Repetition of instructions |  |  |  |  |
| Aversion to heat |  |  |  |  |  | Reminders |  |  |  |  |
| Aversion to cold |  |  |  |  |  | Physical adaptions to environment or equipment |  |  |  |  |
| Tactile sensitivity |  |  |  |  |  |
| Aversion to crowded areas |  |  |  |  |  |  |  |  |  |  |

**Please describe what worked and what did not work for the person:**

**Did the level & type of prompting stay the same? Increase? Decrease during the assessment period?**

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| --- |
| **Conditions for Success/Pulling it all together**  Please describe the “Conditions for Success” for this student. For example, what type of environment and task(s) would be best for them? What types of accommodations, interventions, prompts, support would promote the greatest opportunity for their success moving forward on their path to employment? |

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| **Recommendations:**  What is needed for the student to move on their path towards competitive, integrated employment? Is this student ready to pursue competitive employment? Why or why not? |

**Electronic Signature & Title:**