

**VR-120X**

**Assessment Services**

**120X - Career Exploration Assessment**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **1.** | **Units of Service Utilized:**  | Click to enter  |
|  | (Unit: Hour) |  |
|  |  |  |  |  |  |  |  |  |  |
| **2.** | **Dates of Service:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **3.** | **Briefly describe evaluation process that was utilized:**  |  |  |  |
|  | Detailed Customized Career Exploration Assessment report is required to be submitted with the VR-120X. |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **4.** | **Does the Vocational Assessment profile report address the following topics?** |
|  |  |
|  | Education |  |  |[ ]  Yes |  |[ ]  No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Work Experience  |  |  |[ ]  Yes |  |[ ]  No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Transferable Skills  |  |  |[ ]  Yes |  |[ ]  No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Interests and Aptitudes  |  |  |[ ]  Yes |  |[ ]  No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Interviews with Natural Supports  |[ ]  Yes |  |[ ]  No |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Interviews with Collateral Supports |[ ]  Yes |  |[ ]  No |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Career interest tools utilized  |[ ]  Yes |  |[ ]  No |  |  |
|  | If yes, specify: | Click to enter |
|  |  |  |  |  |  |  |  |  |
| **5.** | **Please describe Structured Career Exploration Activities utilized:** |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |
| **6.** | **Employment Factors Assessed:** |  |  |  |  |  |  |  |
|  | Strengths |[ ]  Yes |  |[ ]  No |  |  |
|  | Resources  |[ ]  Yes |  |[ ]  No |  |  |
|  | Priorities |[ ]  Yes |  |[ ]  No |  |  |
|  | Concerns |[ ]  Yes |  |[ ]  No |  |  |
|  | Abilities |[ ]  Yes |  |[ ]  No |  |  |
|  | Capabilities |[ ]  Yes |  |[ ]  No |  |  |
|  | Interests |[ ]  Yes |  |[ ]  No |  |  |
|  | Informed Choice |[ ]  Yes |  |[ ]  No |  |  |
|  |  |  |  |  |  |  |  |  |
|  | If any topics were not addressed in the report, explain:  |  |  |  |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **7.** | **Please list any other factors that may impede the participants ability to be successful in employment and describe the potential impact of these factors:** |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **8.** | **Based on the specific abilities of the participant indicate the recommended flexible strategies for the following:**  |
|  | Individualized Job Development Strategies: |  |  |  |  |
|  | Click to enter |
|  | Individualized Placement Strategies: |  |  |  |  |
|  | Click to enter |
|  | Individualized Retention Strategies: |  |  |  |  |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **9.** | **If the Customized Career Assessment Report was not completed and submitted within 10 business days, please explain:** |
|  | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **10.** | **Was a conference scheduled at the completion of the assessment?**  |
|  |  |[ ]  Yes |  |[ ]  No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **11.** | **Please indicate recommendations below:** |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |

**The Customized Career Assessment Report was reviewed and agreed to by ACCES-VR VRC on the date listed below (Maintain documentation of this in participant record):**

|  |  |  |
| --- | --- | --- |
|[ ]  Yes |[ ]  No | Click to enter |
|  |  |  |  | Date |

|  |
| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Signature of Qualified Evaluator I |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |
| --- |
|  **Provider Supervisor:**  |
|  |  | Click to enter |
| Signature of Qualified Evaluator II Supervisor |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |