

**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 |  |