

**Assessment Services**

**Career Exploration Assessment**

|  |  |
| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter Vendor Name |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

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

|  |
| --- |
| **Career Exploration Assessment*****Note:*** Evaluatormust complete this report.A Detailed Vocational Assessment Profile is required to be submitted with the VR-120X**This is a Final Report Submitted for Payment** |
|  **Units of Service Utilized:** Click here to enter number of units used ***Note:*** Unit = 1 Hour |
|  **Dates of Service:** Click here to enter service dates |
|  **Briefly describe the evaluation process that was utilized:** Click here to enter evaluation description. |
|  **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 |
|  Supports Needed for future employment | [ ] Yes | [ ] No |
|  Work Environment Characteristics for success | [ ] Yes | [ ] No |
|   If any additional topics were explored, please explain: Click here to enter text. |
|  **Please describe the Structured Career Exploration Activities utilized:**Click here to enter career exploration activities . |

|  |
| --- |
| **Employment Factors Assessed:** |
|  Strengths | [ ] Yes | [ ] No |
| Priorities | [ ] Yes | [ ] No |
| Resources | [ ] Yes | [ ] No |
|  Impediments to Employment | [ ] Yes | [ ] No |
|  Worksite Accommodations | [ ] Yes | [ ] No |
|   If any additional topics were explored, please explain: Click here to enter text. |
|  **Please describe any factors that may impede the customer’s ability to be successful in**  **employment.**Click to enter employment factors |
|  **Please indicate individualized strategies for job development, placement, and job retention,**  **based on assessment of the customer’s abilities and support needs.**Click here to enter strategies to assist the customer throughout job search and placement.  |
|  **Was a conference with the customer and VRC offered?**  | [ ] Yes | [ ] No |

|  |  |  |
| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |