

**Assessment Services**

**Career Exploration Assessment**

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

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| 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. |

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

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| **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 . | | |

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| **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 |

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