



Assessment Services

Career Exploration Assessment

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Career Exploration Assessment
Note: Evaluator must 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:

Note: Unit = 1 Hour

Dates of Service:

Briefly describe the evaluation process that was utilized:

Does the Vocational Assessment profile report address the following topics?

- | | | |
|-------------------------|------------------------------|-----------------------------|
| Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Experience | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transferable Skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interests and Aptitudes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VR-120X

- | | | |
|----------------------------------------------|------------------------------|-----------------------------|
| Interviews with Natural Supports | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supports Needed for future employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Environment Characteristics for success | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any additional topics were explored, please explain:

Please describe the Structured Career Exploration Activities utilized:

Employment Factors Assessed:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Strengths | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Priorities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Resources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Impediments to Employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Worksite Accommodations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any additional topics were explored, please explain:

Please describe any factors that may impede the customer's ability to be successful in employment.

VR-120X

Please indicate individualized strategies for job development, placement, and job retention, based on assessment of the customer's abilities and support needs.

Was a conference with the customer and VRC offered?

Yes

No

Completed By:

Printed Name

Title

Phone:

Email: