

Employment Supplement to Individual Service Plan
Community ODP Program Edition, Fiscal Year 2011-2012

The purpose of this Employment Supplement is to obtain current information for determining a person’s employment goals, needs and outcomes as part of a person’s Individual Service Planning (ISP) process. This Employment Supplement is intended to be completed by the person who is considering employment and his/her family or advocate, or providers of service. The final page of the Employment Supplement is to be completed before service decisions are made and after the person/family is informed about employment options available within the community mental retardation program.

In some instances, the person’s completion of the Employment Supplement will be preceded by a discussion about employment options with a provider of service or person with a disability who is employed. No decision on community based adult training or facility based vocational services should be made before the Employment Supplement is completed and reviewed as part of the ISP Team process with the support coordinator and person/family. In instances where people are not be able to communicate information for completing the Employment Supplement, the Supplement should be completed by appropriate ISP Team members who know the person best, like family members, a teacher for students, or the person’s advocate.

DATE Employment Supplement Completed: _____
 Person(s) Who Completed Form _____
 Person’s Contact Information: Phone: _____ email: _____
 Other People Involved in completing this Supplement: (Circle all that apply)
 1) Person 2) Family member 3) ISP Team 4) Provider of service
 5)Other _____

A.OVR IPE or Student IEP Information

If applicable, attach the person’s most current OVR Individualized Plan for Employment (IPE) to this form and provide OVR or School District/IU contact information below. If individual is a student or a recent graduate receiving special education, please attach Individual Education Plan (IEP) information, such as vocational assessment, job experience and performance data and reports. List the attachments included with this Supplement at the end of the form.

Office	Contact(s) Name	Address	Phone	email
OVR				
School Transitional Coordinator				

B. Person’s Employment Preferences:

Rank each of the person’s employment preferences for a community job on the five-point scale. (On this form, “Require” means that this area is considered a non-negotiable requirement for the person/family, “Prefer means this area is a preference. “Neutral” means the person might consider this area but has no opinion one way or the other. “Doubtful” means that it is preference in unlikely, and “No” means the option is out of the question.) Prompt individual for other employment preferences which are not indicated. Note other preferences at the bottom of the table. If not applicable leave blank.

Employment preference	Require	Prefer	Neutral	Doubtful	No
Join in family business					
Job sharing with another person					
Full time job					
Part time job					
Job at home					
Job away from home					
Job close to home					
Job in an office					
Job working with other people					
Transportation to and from work					
Job in a factory setting					
Job using computers					
Job requiring lifting and heavy work					
Job outdoors					
Job with low stress					
Job helping other people					
Other-					
Other -					

C. Types of Work Enjoyed:

Check all work areas that the person enjoys, including non-paid and volunteer work. Add additional types of work which are not listed in the space provided under "Other" at the end of this section, if applicable.

Type of Work	Yes, enjoys	Somewhat enjoys	Does Not enjoy
Housework			
Health Care Work – Helping others			
Yard Work			
Taking Care of Children			
Working With Others			
Physical labor (Specify if possible)			
Computer Work			
Using machinery (Specify if possible)			
Security work			
Phone calling			
Working alone			
Other : Bagging groceries			
Other:			
Other:			

Notes:

D. Work Experience

Complete the following table for each work experience a person has had over the last 3 years. Include work outside of competitive employment settings, volunteer work, and work at home, and independent employment. Leave employer name and other information blank if not applicable.

<p>Employer Name: _____</p> <p>Work Responsibilities:</p> <p>Duration _____ Hours worked _____</p> <p>Satisfaction level: (Circle one) high medium low</p> <p>Reason for leaving; _____</p>	<p>Employer Name: _____</p> <p>Work Responsibilities:</p> <p>Duration _____ Hours worked _____</p> <p>Satisfaction level: (Circle one) high medium low</p> <p>Reason for leaving: _____</p>
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E. Career Planning, Options and Goals:

If possible, discuss the meaning of a career goal with the person before completing this information. A career goal can mean the type of work that the person wants or something more general, like “a good steady job close to my family.” If the person/family cannot answer these questions, staff and/or the ISP team can complete this based on their knowledge of the person.

Question #1: Do you have a certain type of career or type of work that you want to be in?

(If no, go to question #2.)

If yes, what is your career goal, field, or type of work in which you would like to be employed?

- The type of work that you want: _____.
- How long have you wanted to make this your career? _____ Years
- What do you like about this career or type of work?

What skills or experiences do you bring to this career or type of work?

1. _____
2. _____
3. _____
4. _____

Question # 2: If you (the person) do not have a career path/goal, but would be interested in looking into a number of possible occupations, fields, or types of work, what type of career or job opportunities would you like to look into or pursue at this time?

Don't know _____

If the you (the person) has some career or type of work he/she is interested in pursuing, please indicate below:

3 work or career options person might be interested in:

- _____
- _____
- _____

Question #3: If you (the person) don't have a specific career goal or type of work you want to do, do you have any other goals like independent living or buying a home someday that will need money that you could obtain by going to work? If yes, please indicate what those goals might be?

1. _____ 2. _____ 3. _____

F. Health and Safety on the Job:

What type of accommodation or extra assistance do you (the person/family) need at the work site, or in getting to and from the work site? Circle each number that applies. Consider these accommodation needs when determining the type of employment supports the individual needs in community employment.

1. Assistance in understanding instructions on the job.
2. Extra supervision that would require a job coach or someone else to be sure you do things in the right way
3. Assistance in lifting materials or in getting materials to the work station
4. Assistance in staying on task without being distracted
5. Assistance in attending to personal needs, like going to the bathroom and washing hands.
6. Assistance in getting to and from the job site.
7. Assistance in being transported within the job site, such as someone to carry or wheel the individual to lunch, breaks, safety drills.
8. Special dietary needs
9. Specialized medical services at the work site or back-up medical arrangements.
10. Communication device
11. Modifications to the work site for a wheelchair
12. Appliances or adaptive equipment on machinery
13. Special precautions in case of emergencies
14. Other: _____
15. Other: _____

Notes:

G. Service/Support Outcomes:

The person’s answers to the following questions are to be used to as the basis to determine what employment outcomes the person expects as part of the Individual Service Planning (ISP) process. If the individual has no employment outcome that can be determined, or when no employment outcome can be decided on, indicate **“UNKNOWN”** at the bottom in the “other” category. An employment outcome indicated for one of these outcomes needs to be indicated as an employment goal on the individual’s community ISP in HCSIS.

Question: What employment outcomes would you expect to see reached for you (this person) in the next 12 to 18 months? (Circle all that apply).

1. I would continue along the path of my current OVR or IEP career plan.
2. I would receive an assessment in terms of my work skills and aptitude.
3. I would receive on-the-job training in a variety of job sites so I could choose the type of job I want to do and can do best.
4. I would have a job coach assigned to provide assistance to me on my current job.
5. I would receive additional training or education that would prepare me for a new type of job/career.
6. I would have developed a career path that I can follow.
7. I would have assistance to learn different things where I am currently working.
8. I would find myself another place to work toward getting a job or a new type of community employment.
9. I would have and/or learn to use assistive devices that could help me at work
10. I would have transportation arranged so I can get to and from work.
11. I would be set up in my own independent job/employment.
12. I would be in an apprentice program where I can work with a skilled person who will teach me a marketable skill.
13. Other: _____
14. Other: _____
15. Other: _____

ATTACHMENTS: Please list all documents relative to the person’s work history, performance, and aptitudes that are attached to this Supplement.

1. _____
2. _____
3. _____
4. _____

Attachment 1

	Adults (age 18 to 65) Moving to the Community from a State Center	Youth and Young Adults in Transition from School to Adult Life (age 26 and younger)	Adults in vocational training considering employment through their annual ISP process	Persons 18+ with waiting list funding for new day service	Employed adults receiving other MR services
Supports Coordinator discusses employment options with individual/family and provides opportunity to discuss options with practitioners	Y	Y	Y	Y	Y
Supports Coordinator ensures completion of page 7 of Employment Supplement to ISP	Y	Y	Y	Y	Y
Supports Coordinator populates HCSIS with individual's employment goal and OVR information	Y	Y	Y	Y	Y