



Center for Social Change

Vocational Day Habilitation Services Initial Assessment Packet

Date of Assessment:		Date of Enrollment:	
Assessment Completed By (Name & Title):			
INDIVIDUAL INFORMATION:			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
Gender : Male ___ Female ___ Transgender ___ Gender Expression _____			
Other _____			
City:	State:	ZIP Code:	
EDUCATION: (schools attended or special training received)			
School Name	Location	Years Attended	Degree Received
PREVIOUS VOLUNTEER INFORMATION:			
Agency:			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hours:		
Agency:			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hours		
WORK/VOLUNTEER BACKGROUND:			
What did you like about your volunteer position(s)?			
What did you NOT like about your volunteer position(s)?			



Center for Social Change

Vocational Day Habilitation Services Initial Assessment Packet

SOCIAL DETERMINENTS OF HEALTH:

DIAGNOSIS:

Behavioral Information

- Withdrawn Hyperactive Suspicious Confused Wanders
 Supervision level Verbally aggressive Physical aggressive Property Destruction
 Self-injurious Behaviors Inappropriate Sexual Behaviors
 Other _____

Explain Checked Behaviors: _____

Physical Health () Poor () Fair () Good () Excellent

Any physical limitations that might influence participating in activities? If so, what are they?

Endurance

How long can you participate in an Activity?

Grooming

Do you need assistance using the bathroom? () Yes () No
 Washing Hands? () Yes () No

Support Network

Who do you spend most of your time with?

How often do you see or talk to them?

INTEREST AND HOBBIES

Interests

Any Hobbies? Special skills?



Center for Social Change

Vocational Day Habilitation Services Initial Assessment Packet

Skills/Services & Supports for Day Habilitation Activities:
What are the known barriers? How do you express your anger or frustration?
What supports are needed? Environment preferred (Small/large group; quite/ noise / light affects?)
Are these supports in place (or can they be put in place (who, what, when, where- i.e. 1-1 supports,) Any extra support you need on supervised time? (i.e. during transportation)
Recommendations/suggestions by assessor:

Individual's Name

Date

Assessor's Name

Date



Center for Social Change

Vocational Day Habilitation Services Initial Assessment Packet

Final Analysis

Results of Assessment

Individual will benefit best from their program if they **engage** in the following:

- Learning Skills Training
 - Personal grooming and hygiene
 - Money management
 - Reading and language
 - Anger management and relaxation
 - Communication /Problem Solving Skills
 - Proper nutrition
 - Healthy exercise
 - Etiquette

- Companion Activities
 - Arts and Crafts
 - Jigsaw Puzzles
 - Board Games
 - Blocks
 - Dance competitions

- Social Skill Development Activities
 - Zumba
 - Monthly birthday celebrations
 - Summer cookouts
 - Christmas and Thanksgiving banquets
 - Halloween costume party
 - Easter egg hunt
 - Talent Shows
 - Memorial Day, Labor Day and 4th of July parties
 - Valentine celebration
 - Occasional small group lunches with agency staff
 - Planned outings to local parks, recreation centers, movie theaters, and libraries.

Other:

Assessor's Name

Date