



Date of Assessment:		Date of Enrollment:	
Assessment Completed By (Name & Title):			
INDIVIDUAL INFORMATION:			
Name:			
Date of Birth:	SSN:	Phone:	
Gender : Male___ Female___ Transgender___ Gender Expression_____ Other_____			
Current Address:			
City: Baltimore	State:	ZIP Code:	
EDUCATION: (schools attended or special training received)			
School Name	Location	Years Attended	Degree Received
PREVIOUS EMPLOYMENT / VOLUNTEER INFORMATION: (If volunteer position fill out all sections excluding hourly/salary & income)			
Employer:			
Employer Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Income:	
Employer:			
Employer Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Income:	
WORK/VOLUNTEER BACKGROUND:			
What did you like about your job(s) and/or volunteer position(s)?			
What did you NOT like about your job and/or volunteer position(s)?			



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- Withdrawn Hyperactive Suspicious Confused Wanders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 influences work needs? If so, what are they?

Endurance

What are the most number of days you could work per week? _____ What are the most hours? _____

Grooming

Do you have clothing that is suitable for both inside & outside, administrative and non-administrative-like positions? () Yes () No

Support Network

Who do you spend most of your time with?

How often do you see or talk to them?

WORK SKILLS & FURTHER EVALUATIONS

Specific Vocational Skills

What skills have you learned either on the job or in school?

Interests

Any Hobbies? Special skills?



Skills/Services & Supports for Employment and/or Volunteer-Vocational Work	
What are the known barriers?	
How long can you stay on task without needing a change?	
What supports are needed?	
Environment preferred (Small/large group; quiet/ noise / light affects?)	
Are these supports in place (or can they be put in place (who, what, when, where- i.e. job coaching, transportation)	
Do you know how to use public transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have You received employment services before?	
<input type="checkbox"/> YES <input type="checkbox"/> NO Where:	
Recommendations/suggestions by assessor:	
Does team feel that the person is ready for employment? <input type="checkbox"/> YES- indicate which <input type="checkbox"/> NO	
<input type="checkbox"/> Enclave <input type="checkbox"/> Community Based Employment	

Individual's Name

Date

Assessor's Name

Date

Final Analysis

Results of Assessment

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

- Job Development
 - Identifying the steps (and sequence involved in searching for a job)
 - Creating and updating resume
 - Utilizing resources to locate job
 - Filling out job applications (w\ assistance of job coach)
 - Scheduling of interviews
 - Completing various forms
- Job Training
 - Mock Interviews
- Enclave Activity (includes job supports)

Other:

Assessor's Name

Date