



VR Profile for Supported or Customized Employment

Client name: _____ Date of birth: _____

Form completion date: _____ Referring agency: _____

Case Manager: _____ Case Manager contact: _____

Authorized Representative: _____ Authorized Representative contact: _____

Parent Guardian Other _____

Service Coordinator: _____ SC contact: _____

Other Agency Involvement: _____

Provider Services received:

Health Issues (include medication side-effects):

Special Accommodations Required:

Job Goal: _____

Number of hours desired: _____

Transportation/Community Access needs (current, past, or potential solutions):

Discovery Activities (include dates and level of support required):

Client Interview (general interests, strengths, skills, assets):

Family Interview (Report daily routines, chores & responsibilities, tasks of interest, family provided supports, challenges, financial concern):

Family Information (snapshot of household members, family history, and neighborhood):

Observations in home or community (conditions to work best under, habits, routine, idiosyncrasies, disability challenges):

Observation of participation in a familiar activity (does well, knows how, performs independently, timeliness):

Clubs & Hobbies:

Interests & Talents:

Leisure Activities (family and friend activities):

Education (List accommodations and modifications):

Interview with Community Support Staff:

Interview with School Staff:

Vocational Experiences (include dates and level of support required):

Employer Tours: _____

Job Shadows: _____

School-based Experiences (include Para support):

Community Work Experiences (include Para and natural supports):

Volunteer Experience (duration and attendance): _____

Vocational training: _____

Sheltered Workshop (include time study):

Successful Considerations (supervisory & instructional strategies; environmental or task performance conditions; supports needed for successful task performance; situations to avoid):

Paid Work Experience:

Business: _____ Job Title: _____

Dates: _____ Pay: _____

Reason for Leaving:

Business: _____ Job Title: _____

Dates: _____ Pay: _____

Reason for Leaving:

Potential Employer List (Consider connections from hobbies, interests, community participation, and family):

Benefits Orientation: When: _____ Whom: _____

Other information relevant to Discovery and Supported/Customized Employment: