**Vocational Assessment Profile**

*To be completed by the assigned SOAR Specialist.*

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SWCS ID Number: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT INTEREST QUESTIONS**

Are you interested in working? Have you ever worked before?

What is your dream job? What kind of work have you always wanted to do? [If unsure, come back to this discussion.]

What are your long-term career / employment goals?

What type of job do you think you would like to have now? Full-time? Part-time?

What is it that appeals to you about this type of work?

Why do you want to work right now?

Is there anything that worries you about going back to work?

Are there any things that you want the Supported Employment Specialist to know before you meet with him/her?

**BENEFITS**

Staff note: Please explain to the client if/how employment will impact client’s benefits and provide client with necessary resources, if desired.

 [Staff note: Please check **IF** this client is receiving SSI/SSDI, the impact on his/her benefits was reviewed and *worksheet* was completed with a copy given to the client and another kept on file.]

**ADDITIONAL NOTES:**

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_