

Pathways to Employment - Assessment Exploring Job Possibilities and Skills

Qualified Vendor's Name: _____ Contact Person's Name: _____

Qualified Vendor's Mailing Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

PTW Physical Site Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Qualified Vendor's E-Mail Address: _____

Member's Name: _____ Support Coordinator: _____

Report Period: 1st Quarter (due by April 15th) 2nd Quarter (due by July 15th) 3rd Quarter (due by October 15th) 4th Quarter (due by January 15th)

Member Information									
Member's Name	Member's ID No.	Original Service Start Date	Service End Date	Identified for Progressive Move <i>(Yes / No)</i>	Ready for Referral to Vocational Rehabilitation <i>(Yes / No)</i>	Date Recommendation for Referral to Vocational Rehabilitation Sent to SC and Employment Specialist	Made Progressive Move <i>(Yes / No)</i>	Date of Progressive Move	Type of Progressive Move Made <i>(Group Supported Employment or Competitive)</i>
Month / Year		Month / Year		Month / Year		Anticipated Date for Member to Exit the PTW Service:			
Hours Authorized									
Hours Attended									

Based on observation and assessment conducted during this reporting period, what interpersonal skills, work habits, and vocational skills does the member currently have (this is expected to change over time)?

** Use an additional page if needed

Describe the practical experiential activities (volunteer experiences, internships, integrated work experiences) that have been uniquely arranged for the member this reporting period.

Based on the assessment done during this reporting period, what are the member's areas of interest in employment, including the industries or types of work?

How do the areas of interest relate to the member's aptitudes, preferences, and transferable skills?

In what familiar places was the member observed? Who was interviewed (family, friends, others who know the member) and what insight did they provide?

Based on interviews and observations conducted this reporting period, what conditions for success have been identified for this member? (i.e. low noise, outdoor/indoor position, number of hours, level of support needed, etc.)

Describe practical considerations and areas for improvement needed to support the Member to gain entry into integrated (GSE) or competitive employment (referral to Vocational Rehabilitation).

Other:

Qualified Vendor Administrator's / Designee's Name (*Print*) _____

Qualified Vendor Administrator's / Designee's Title _____

Qualified Vendor Administrator's / Designee's Signature _____ Date _____

Routing: Original - Support Coordinator, Copy - District File