Using the Vocational Profile for Students with Disabilities

The Vocational Profile (VP) is a tool for documenting and structuring functional information about a student with disabilities that is vitally important for anyone who will provide assistance to the student to obtain and keep integrated employment in the community. The VP is an alternative to traditional, standardized vocational evaluations, and differs from these traditional vocational evaluations in that it does not numerically measure skills or abilities, compare the individual student’s performance against some standardized norm, or attempt to predict success or failure in regard to employment. Instead, the VP provides a framework for recording information such as the student’s preferences and needs for a job, endurance and physical capabilities, general work performance, mobility and transportation needs/options, general community skills, social skills, personal care needs/skills, personal networks for job development, and previous work history information including preferences about jobs. Whereas standardized vocational evaluations have been used to exclude students from community employment, the VP provides needed information for the customization of community employment opportunities, which enables students with disabilities to be successful. Every student with disabilities can work in the community if needed supports are provided. The VP can be completed by a variety of individuals (student, parent, teacher, job coach, friend, etc.) who know the student and have had the opportunity to observe the student perform a variety of activities in work, home and community settings.

Information from students’ Vocational Profiles can be included in the transition section of their Individualized Education Programs as part of the ongoing process of collecting information on the students’ needs, preferences, and interests as they relate to their future adult life.

Completed Vocational Profiles should accompany other information about students that is provided during the referral process to other agencies such as the New Jersey Division of Vocational Rehabilitation Services (DVRS), the New Jersey Division of Developmental Disabilities (DDD), and supported employment providers to assist in the creation of appropriate support plans for community employment.
Vocational Profile

Date of Profile: ______________________ Profile Completed By: ________________________________

Student: _____________________________________________
Address: ____________________________________________
City: ________________________________   Zip: _____________
Date of Birth: _____________________      Home Phone: (____) ______-________
Email ______________________________    Cell Phone: (____) ______-________

Citizenship  □ U.S.  □ Other _____________________________
Financial benefits  □ SSI  □ SSDI  □ Other ___________________________  Amount: ______
Payee: ______________________________________ Phone:(____)______-________

Student has been determined eligible to receive services from the following agencies:
 □ NJDCF Children's System of Care      □ NJDDD      □ NJDVRS      □ NJCBVI
 □ NJ Transit Access Link      □ County Paratransit System      □ Child Protection and Permanency
 □ Mental Health Agency      □ Center for Independent Living
 □ Other ____________________________
 □ Other ____________________________________________

1. Preferences and Needs

1. Preferred Schedule:
(Number of hours per week)
 □ 2-10      □ 31-40      □ Weekends Okay
 □ 11-20      □ 40+       □ Evenings Okay
 □ 21-30

Current regularly scheduled activities or appointments that may interfere with employment

<table>
<thead>
<tr>
<th>Event</th>
<th>Time/Day</th>
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Comments:

_______________________________________________________________________________________
2. Preferred Characteristics of Job:

- Focus on quantity vs. Focus on quality/detail
- Interact with same people vs. Interact with different people everyday
- Teamwork vs. Independence
- Judgment vs. Routine
- Repetition vs. Variability

Comments:

3. Preferred Atmosphere of Company:

- Noisy vs. Quiet
- Frequent social interaction vs. Infrequent social interaction
- Busy vs. Slow, down time possible
- Structured vs. Flexible
- Professional attire vs. Casual attire
- Outdoors vs. Indoors
- Small, defined areas vs. Large area or areas
- Moderate temperatures vs. Very hot or cold temperatures
- Willing to work outside in snow and rain

Comments:

II. Endurance and Physical Capabilities

4. Strength

- Very light lifting (Under 10 pounds)
- Light lifting (11-20 pounds)
- Medium lifting (21-30 pounds)
- Heavy lifting (Over 30 pounds)

Comments:

5. Endurance(without a break) Check if never given the opportunity to exceed

- 1 hour
- 2 hours
- 3 hours
- Has worked 3 or more hours without a break

Comments:

6. Arm Extension/Range of Motion

Able to Reach From:

- Lowest Point
- Highest Point
- Left/Right

Comments:
7. **Hand Use:**
Comments:

8. **Head Control:**
Comments:

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**III. General Work Performance**

9. **Independent Work Rate (No prompts)**
- Continual fast work rate
- Above average/sometimes fast
- Average/steady pace
- Slow pace
Comments:

10. **Attention to Task:**
- Low supervision required (Can work independently without direct supervision for more than 2 hours)
- Medium supervision required (Requires direct supervision at least every 2 hours or less)
- A lot of supervision required (Requires direct supervision at least every hour or less)
Comments:

11. **Independent job sequencing:**
Check if never given the opportunity to exceed
- 7 tasks or more in sequence
- 4-6 tasks in sequence
- 2-3 tasks in sequence
- Cannot perform tasks in sequence
Comments:

12. **Initiative/Motivation:**
- Always seeks new work
- Waits for directions
- Avoids next task
Comments:
13. **Adapting to change:**
- Adapts easily to changes in routine or down time
- Adapts with difficulty to change
- Rigid routine is required

Comments:

14. **Reinforcement Needs:**
- Frequently required (throughout the day)
- Daily
- Weekly
- Paycheck sufficient

Comments:

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**IV. Mobility and Transportation**

15. **Physical Mobility:**
- Uses wheelchair/Requires assistance
- Uses wheelchair/Independent
- Fair ambulation
- Full physical ability

Comments:

16. **Building Orientation:**
- Building and grounds
- Building wide
- Several rooms
- Small area only

Comments:

17. **Travel Options:**
- Lift bus/van only
- Lift preferred, able to use taxi or other vehicle
- Uses Bus/Access Link independently
- Uses Bus/Access Link with assistance
- Makes own arrangements - transportation is not an issue

Comments:
V. General Community Skills:

18. Time Awareness:
   - Manages time effectively
   - Responds to environmental cues for activities
   - Identifies breaks, meals,...
   - Requires assistance for time related activities

Comments:_______________________________________________________________________________________

19. Reading:
   - Fluent reading
   - Simple reading; 2-3 words at a time
   - Reads sight words or symbols; 1 word at a time
   - No reading skills

Comments:_______________________________________________________________________________________

20. Writing/Note taking:
   - Fluent note taking
   - Simple writing/note taking
   - Copies written information
   - No writing skills

   Method:
   - Paper & pen or pencil
   - Computer
   - Other: ________________________

Comments:_______________________________________________________________________________________

21. Math:
   - Multiplication
   - Division
   - Simple addition/subtraction
   - Simple counting
   - No computational skills

Comments:_______________________________________________________________________________________

22. Special Academic Skills:
   - Calculator
   - Making change
   - Filing (how):
   - Other:

Comments:_______________________________________________________________________________________
VI. Social Skills:

23. Mode of Communication:
- Verbal
- Sign or gestural
- Assistive device – Please list device ______________________________________
- Other:

Comments:

24. Communication Function:
- Communicates effectively with strangers and co-workers
- Communicates basic needs and engages in social conversation
- Communicates basic needs only
- Requires assistance to communicate

Comments:

25. Appropriate Social Interaction:
- Frequent/varied social interaction
- Infrequent/routine social interaction
- Rarely interacts/polite and appropriate responses
- Rarely interacts appropriately

Comments:

26. Handling Criticism/Stress
- Accepts criticism/changes behavior
- Accepts criticism/does not change behavior
- Dislikes criticism/ reluctantly changes behavior
- Withdraws into silence
- Resistive/Argumentative

Comments:
VII. Personal Care:

27. Appearance:
   - Neat/clean/clothing matched
   - Neat/clean
   - Unkempt/clean
   - Poor hygiene

Comments:

28. Independent Self Care:
   - Independent
   - Assistance with transfers from wheelchair
   - Assistance with bathroom use
   - Assistance with eating
   - Other assistance required:

Comments:

29. Describe any medical complications or conditions that could impact working in a job.

Does the student have any epileptic seizures?  ❑ Yes  ❑ No

How frequent?  __________________  Date of last seizure:  __________

Are there any physical limitations in terms of work?

History of substance abuse/alcohol:

Does the student have any allergies?  ❑ Yes  ❑ No

Please specify: __________________________________________
   (Include allergies to medication, food, and other substances)
VIII. Personal Networks

30. List family members and others such as guardian, housemates, and friends who may help the student connect with employers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Town</th>
<th>Employer</th>
<th>Clubs, groups, organizations</th>
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**Previous Work History Information**

A. Company name and address:______________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
Date started/leave: ______________________________ Rate of pay: ____________________
Reason for leaving: __________________________________ Supervisor: __________________
Job title and responsibilities: _________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

The New Jersey Department of Education
Office of Special Education Programs
Vocational Profile

Things the student liked about this job

Things the student disliked about this job

B. Company name and address: ________________________________________________________________
_______________________________________________________________________________________

Date started/left: ___________________________ Rate of pay: __________________

Reason for leaving: ___________________________ Supervisor: _____________________________

Job title and responsibilities: ____________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Things the student liked about this job

Things the student disliked about this job

C. Company name and address: ________________________________________________________________
_______________________________________________________________________________________

Date started/left: ___________________________ Rate of pay: __________________

Reason for leaving: ___________________________ Supervisor: _____________________________

Job title and responsibilities: ____________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

The New Jersey Department of Education        Office of Special Education Programs
### Vocational Profile

#### Things the student liked about this job

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#### D. Company name and address:

_____________________________________________________________________________________

Date started/left: ___________________________ Rate of pay: __________________

Reason for leaving: ___________________________ Supervisor: ___________________________

Job title and responsibilities: ________________________________________________

_____________________________________________________________________________________

________________________

#### Things the student liked about this job

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#### E. Company name and address:

_____________________________________________________________________________________

Date started/left: ___________________________ Rate of pay: __________________

Reason for leaving: ___________________________ Supervisor: ___________________________

Job title and responsibilities: ________________________________________________

_____________________________________________________________________________________

The New Jersey Department of Education

Office of Special Education Programs
### Vocational Profile

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F. Company name and address:___________________________________________________________

_______________________________________________________________________________________

Date started/left:___________________________ Rate of pay:________________

Reason for leaving:________________________________ Supervisor:_________________________

Job title and responsibilities:________________________________________________________________

_______________________________________________________________________________________

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