



State of Rhode Island
Department of Human Services
Office of Rehabilitation Services

40 Fountain Street ~ Providence, RI 02903
401-421-7005 ~ 401-222-3574 FAX ~ RI Relay - 711 ~ Spanish 401-462-7791
www.ors.ri.gov

"Helping individuals with disabilities to choose, find and keep employment"

Vocational Evaluation Report

Client Name: _____ Authorization number: _____

Report By: _____ Phone number: _____

Report Date (mm/dd/yyyy): _____

ORS Counselor name: _____

Date of reporting period: From - To (mm/dd/yyyy - mm/dd/yyyy): _____

VOCATIONAL INFORMATION OBTAINED TO DETERMINE JOB MATCH

Discovery Process Information

- Interest inventories (if completed): _____
• Family Supports: _____
• Job Shadow/Observations (if completed): _____
• Assistive Technology (if necessary): _____
• Feedback from identified supports: _____
• Aptitude Testing (test name, results, and administrator if completed): _____

Stated Skills/Interests: _____

Stated Job Goal (Match with sites): _____

Site approved by ORS Counselor: Site 1: Date Approved: _____

Site 2: Date Approved: _____

CURRENT ASSESSMENT ACTIVITIES

WORK SITE 1

I. Worksite Experience in Community-Based Integrated Setting:

Work site name and address: _____

Work environment description: _____

Job Title: _____

Hours of Work: _____

II. Labor Market Evaluation O*NET <https://www.onetonline.org/find/>

Findings: _____

CURRENT VOCATIONAL PROFILE

INDIVIDUAL STYLES OF LEARNING JOB TASKS

- Job Description: _____
- Job Tasks: _____
- Training Supports Required: _____
- Time Spent on Each Task: _____
- Ability to Ask for Assistance When Needed: _____
- Ability to Complete Job Tasks: _____

Additional Information: _____

JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS

- Amount of Supervision on Task Needed: _____
- Behavioral Concerns: _____
- Stamina: _____
- Style of Learning: _____
- Level of Independence: _____
- Interpersonal Skills: _____
- Transportation: _____
- Other Support Needs: _____

Additional Information: _____

INTERACTIONS WITH CO-WORKERS AND SUPERVISOR

- Ability to Take Direction: _____
- Ability to Handle Redirection or Correction: _____
- Appropriateness of Social Interactions: _____
- Communication with Co-workers, Supervisor, and Customers: _____

Additional Information: _____

WORK SITE 2

III. Worksite Experience in Community-Based Integrated Setting:

Work site name and address: _____

Work environment description: _____

Job Title: _____

Hours of Work: _____

IV. Labor Market Evaluation O*NET <https://www.onetonline.org/find/>

Findings: _____

CURRENT VOCATIONAL PROFILE INDIVIDUAL STYLES OF LEARNING JOB TASKS

- Job Description: _____
- Job Tasks: _____
- Training Supports Required: _____
- Time Spent on Each Task: _____
- Ability to Ask for Assistance When Needed: _____
- Ability to Complete Job Tasks: _____

Additional Information: _____

JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS

- Amount of Supervision on Task Needed: _____
- Behavioral Concerns: _____
- Stamina: _____
- Style of Learning: _____
- Level of Independence: _____
- Interpersonal Skills: _____
- Transportation: _____
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Additional Information: _____

INTERACTIONS WITH CO-WORKERS AND SUPERVISOR

- Ability to Take Direction: _____
- Ability to Handle Redirection or Correction: _____
- Appropriateness of Social Interactions: _____
- Communication with Co-workers, Supervisor, and Customers: _____

Additional Information: _____

SUMMARY OF WORKSITES

Recommendations for next steps based on report

- Include Services Needs: _____
- Further Assessment Needed (please document justification): _____
- Performance Issues Needing to be Addressed: _____
- Readiness for Job Development and Placement: _____
- Document Any Issues that were Discussed with ORS Counselor During Evaluation: _____

Additional Information: _____

Signature of Job Developer

Date (mm/dd/yyyy)

Signature of Client

Date (mm/dd/yyyy)

Signature of Authorized Representative

Date (mm/dd/yyyy)

Signature of ORS Counselor

Date (mm/dd/yyyy)