

## Individual Supports Assessment Form

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<b>Date:</b>	<b>Provider ID:</b>
<b>Customer Name:</b>	<b>SS#:</b>
<b>Employment Specialist:</b>	<b>ID Code:</b>
<b>Street</b>	<b>Initial:</b>
<b>City/State/Zip</b>	<b>On-Going:</b>

Please answer each question regarding the customer's current goals, preferences, and experiences. Information needed to respond to each question should be obtained from the customer during a face-to-face interview prior to employment or while working if a change in employment is desired.

### *I. Vocational Goals and Experience*

1. **What are your career and life goals?** (Describe the job or position you would like to have and any other goals you would like to pursue, e.g., school, independent living, etc.)

2. **Where might you like to work?** (check all that apply)

- 1) restaurant
- 2) grocery store
- 3) retail store
- 4) hospital/nursing home
- 5) office building
- 6) hotel/motel
- 7) university/school
- 8) day care facility
- 9) factory
- 10) service provider/agency (e.g., church, park)
- 11) don't know
- 99) other (Describe: \_\_\_\_\_)

3. a. What type of job might you like to have? (check all that apply)

b. Is there anyone you know who works in the places or in a position that you might like to have that you wouldn't mind us contacting?

Name	Relationship	Phone #	Employment

4. What types of things might be important to you in working in the position of your choice? (check all that apply)

- \_\_\_\_\_ 1) hours
- \_\_\_\_\_ 2) benefits (e.g., paid vacations, sick leave, employee discount)
- \_\_\_\_\_ 3) health insurance
- \_\_\_\_\_ 4) wages
- \_\_\_\_\_ 5) location of business
- \_\_\_\_\_ 6) co-workers
- \_\_\_\_\_ 7) work environment
- \_\_\_\_\_ 8) nothing/don't know
- \_\_\_\_\_ 99) other / Describe:

**5. Have you ever been employed in a paid job?**

\_\_\_\_\_ 1) yes                      \_\_\_\_\_ 2) no

**If yes, a) where did you work?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**b) what was your job title?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**6. Have you participated in any other work experiences (e.g., volunteer work, vocational training, etc.)?**

\_\_\_\_\_ 1) yes                      \_\_\_\_\_ 2) no

**If yes, describe the work that you did.**

**7. Who might you like to assist you in finding a job? (check all that apply)**

- \_\_\_\_\_ 1) parents
- \_\_\_\_\_ 2) brother/sister
- \_\_\_\_\_ 3) relatives
- \_\_\_\_\_ 4) girlfriend/boyfriend/spouse
- \_\_\_\_\_ 5) friends
- \_\_\_\_\_ 6) community member / Describe:
- \_\_\_\_\_ 7) professional / Describe:
- \_\_\_\_\_ 8) no one/don't know
- \_\_\_\_\_ 9) other / Describe:

**8. In what ways would you be willing to help with finding a job? (check all that apply)**

- \_\_\_\_\_ 1) identifying job leads
- \_\_\_\_\_ 2) looking at the newspaper
- \_\_\_\_\_ 3) contacting employers
- \_\_\_\_\_ 4) picking up job applications
- \_\_\_\_\_ 5) developing a resume
- \_\_\_\_\_ 6) none/don't know
- \_\_\_\_\_ 99) other / Describe

9. What means of transportation would you be willing to use in order to go to and from work? (check all that apply)

- 1) drive self
- 2) friend or family member transport
- 3) walk
- 4) ride a bicycle
- 5) ride the bus
- 6) use a taxi
- 7) carpool
- 8) ride with co-workers
- 9) use specialized transportation
- 10) none/don't know
- 11) other /Describe

## *II. Interests*

10. What do you do during your free time?

- 1) watch television
- 2) shop/go to the mall
- 3) participate in organized recreational or sporting activities
- 4) go to sporting events
- 5) go bowling
- 6) roller skate/ice skate
- 7) read books or magazines
- 8) go to movies
- 9) listen to music
- 10) go to concerts
- 11) hang out with friends
- 12) go dancing
- 13) talk on the telephone
- 14) hobbies
- 15) arts and crafts
- 16) nothing
- 17) other / Describe

11. Are there other things you would like to do during your free time?

- 1) yes       2) no

**If yes, what kinds of things would you like to do? (check all that apply)**

- 1) watch television
- 2) shop/go to the mall
- 3) participate in organized recreational or sporting activities
- 4) go to sporting events
- 5) go bowling
- 6) roller skate/ice skate
- 7) read books or magazines
- 8) go to movies
- 9) listen to music
- 10) go to concerts
- 11) hang out with friends
- 12) go dancing
- 13) talk on the telephone
- 14) hobbies
- 15) arts and crafts
- 16) other / Describe

**12. Who do you usually spend your free time with? (check all that apply)**

- 1) friends
- 2) girlfriend/boyfriend/spouse
- 3) parents
- 4) brothers/sisters
- 5) relatives
- 6) neighbors
- 7) peers (e.g., students, workshop participants)
- 8) general public
- 9) no one
- 10) other Describe

**13. Do you participate in any clubs or organizations? (check all that apply)**

- 1) church/synagogue
- 2) health/fitness club
- 3) hobby clubs (e.g., card or stamp collecting, bingo, etc.)
- 4) community recreational programs
- 5) sports teams
- 6) clubs/groups
- 7) YMCA/YWCA
- 8) civic organizations / Describe
- 9) special interest groups / Describe
- 10) none/don't know
- 11) other / Describe

**14. Are there any clubs or organizations you would like to belong to or participate in?**

\_\_\_\_\_ 1) yes                      \_\_\_\_\_ 2) no

**If yes, what clubs or organizations would you like to become involved with?**

**15. a. Does a family member or friend belong to or participate in any of the following clubs or organizations? (check all that apply)**

- \_\_\_\_\_ 1) ARC
- \_\_\_\_\_ 2) American Red Cross
- \_\_\_\_\_ 3) Big Brothers/Big Sisters
- \_\_\_\_\_ 4) Chamber of Commerce
- \_\_\_\_\_ 5) church/synagogue
- \_\_\_\_\_ 6) Civitans
- \_\_\_\_\_ 7) community or neighborhood association
- \_\_\_\_\_ 8) Cooperative Extension Service
- \_\_\_\_\_ 9) Elks Club
- \_\_\_\_\_ 10) hobby clubs
- \_\_\_\_\_ 11) Jaycees
- \_\_\_\_\_ 12) Junior League
- \_\_\_\_\_ 13) Junior Women's Club
- \_\_\_\_\_ 14) Kiwanas
- \_\_\_\_\_ 15) Knights of Columbus
- \_\_\_\_\_ 16) Lions
- \_\_\_\_\_ 17) Masonic Temple
- \_\_\_\_\_ 18) Mocha Temple
- \_\_\_\_\_ 19) Moose Club
- \_\_\_\_\_ 20) recreation and park department
- \_\_\_\_\_ 21) Shriners
- \_\_\_\_\_ 22) sport team / Describe:
- \_\_\_\_\_ 23) special interest group / Describe:
- \_\_\_\_\_ 24) union (e.g., Teamsters, AFL-CIO)
- \_\_\_\_\_ 25) United Way
- \_\_\_\_\_ 26) volunteer work Describe:
- \_\_\_\_\_ 27) YMCA/YWCA
- \_\_\_\_\_ 28) none/don't know
- \_\_\_\_\_ other (Describe:

**b. Are there any individuals who belong to the above clubs or organizations that you wouldn't mind us contacting?**

Name	Relationship	Phone #	Organization

***III. Potential Support Options/Support Needs***

**16. Who do you live with? (check all that apply)**

- 1) no one
- 2) parents
- 3) girlfriend/boyfriend/spouse
- 4) brothers/sisters
- 5) relatives
- 6) friends
- 7) roommates
- 8) personal assistant
- 9) professionals/paid staff
- 10) residents
- other / Describe:

**17. Who usually assists you when you need something or have a problem? (check all that apply)**

- 1) parent/guardian
- 2) brothers/sisters
- 3) girlfriend/boyfriend/spouse
- 4) relatives
- 5) friends
- 6) community members
- 7) neighbors
- 8) rehabilitation counselor
- 9) case manager
- 10) no one
- 11) other / Describe

**18. When you want to go somewhere, how do you usually get there? (check all that apply)**

- 1) drive
- 2) friend or family member transports
- 3) walk
- 4) ride a bicycle
- 5) ride the bus
- 6) use a taxi
- 7) use specialized transportation
- other / Describe:

**19. a) Do you receive Social Security benefits (e.g., SSI, SSDI)?**

1) yes  2) no

**b) If yes, is the potential loss of Social Security benefits due to future employment a concern?**

1) yes  2) no

**20. a) Are there any types of services or supports that you would like or are in need of and are not receiving?**

1) yes  2) no

**b) If yes, identify the type of assistance you would like.**

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