

**Department of Labor**  
**DIVISION OF VOCATIONAL REHABILITATION**

**CUSTOMIZED EMPLOYMENT ASSESSMENT**

*(Must Accompany DVR Supported Employment Assessment Form)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DVR Counselor: \_\_\_\_\_ Provider: \_\_\_\_\_

**Instructions:**

Complete section A for all consumers. Select an additional minimum of one section from sections B, C, & D to be completed with the consumer.

Team Members:

Responsibilities of Each Team Member:

Consultants/Experts to Contact:

**A. Home and Neighborhood:**

People interviewed and relationship to the individual:

Information Obtained:

Observations of home, bedroom, belongings that seem relevant:

Specific chores and tasks performed at home:

Interests, collections, sports and hobbies observed:

Community activities (include freinds and family interactions):

Neighborhood mapping (transportation options, neighbors, community involvement, employers in the area):

Situations and activities that need to be avoided:

**B. Others to Be Interviewed:**

Who?	What was learned?

Emerging talents, skills and interests:

**C. Discovery Visit(s):**

Identify a minimum of one additional location where this individual can be observed in activities that give context to their interests, skills and abilities:

Observations (include supports required, situations to be avoided, and recommendations for additional observation):

**D. Informational Interview(s):**

What off-the-job supports will be needed and who might provide it?

List a minimum of 5 employers in this individual's community that have jobs that may fit in the individual's skills, interests and abilities:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Informational Interview 1:**

Business: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Follow Up (What, who and by when): \_\_\_\_\_

**Informational Interview 2:**

Business: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Follow Up (What, who and by when): \_\_\_\_\_

**Observations from Informational Interview(s):**

**E. Recommended Vocational Plan:**

Total Hours Spent with Consumer: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_