

CE Discovery Intake

Individual's Name: _____ Date of Intake: _____

EC Name: _____ DRS Counselor: _____

Contractor Name: _____

SECTION 1 - CURRENT INFORMATION

1. Identification Information

Participant ID # (for Mental Health Only): _____ DOB: _____
mm/dd/yy

Address: _____
*Street Address**City**State**Zip Code*

Home Phone: _____ Cell Number: _____

Email Address: _____

Gender: Male Female Marital Status: Single Married
 Widowed Divorced

Have Children? Yes No If so, how many? _____

Name of Guardian (if applicable): _____

Relationship: _____

Address: _____
*Street Address**City**State**Zip Code*

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Address: _____
*Street Address**City**State**Zip Code*

Phone Number: _____ Email Address: _____

2. Legal Status

U.S. citizenship or permanent residency is verified and documentation is on file: Yes No
Documentation is required for employment.

Has the individual ever been convicted of a misdemeanor (other than a parking violation) or felony?
 Yes No

If yes, explain: _____

Has the individual ever failed a drug test? Yes No

If yes, explain: _____

3. Medical Information

Describe any medical conditions that require regular check-ups by a medical professional:

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If the individual has a serious medical condition, do they have Medic Alert service and wear a bracelet or necklace with emergency information? Yes No

If yes, indicate the medical condition: _____

4. Social Security

Does the individual receive Social Security benefits? Yes No

If yes, indicate which benefits:

- Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)
 Social Security Disability Insurance for Disabled Adult Children (SSDAC)

Does the individual currently have a work incentive plan? Yes No

If yes, indicate which plan.

- Plan for Achieving Self Support (Pass) Impairment Related Work Expense (IRWE)
 Other: _____

5. Residential History

Family profile: (parent/guardian, siblings, aunts, uncles, grandparents, etc.):

Past residential experiences: (Parents' home, Group homes, institutions, etc.):

6. Relationships with Family Members, Community Members and/or Key Individuals

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

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7. Communication Skills

What is the individual's primary mode of communication? (Provide details whenever possible)

Verbal skills:

Does the individual use Sign Language? Yes No

If yes, indicate preferred mode: ASL PSE Strong English Mouthing

Communication Device: _____

Other:

Receptive Communication Preference: (Check the most appropriate answers)

- Kinesthetic, learns best via hands on practice Visual, follows visual organizers
 Visual, follows written directions Good listener, follows verbal directions

Comments: _____

Expressive Communication:

- Prefers to listen Prefers to talk
 Prefers to move around Prefers to touch things

Comments: _____

Handling Criticism/Stress:

- Resistive argumentative Withdraws into silence
 Accepts Criticism does not change behavior Accepts criticism changes behavior

Comments: _____

Interactions with Others:

- Is withdrawn, makes no eye contact
 Makes some eye contact and will speak when asked a question
 Will have brief conversations and appears to enjoy people
 Friendly enjoys talking with people, initiates conversations

Comments: _____

8. Physical Skills and Related Information (Check the most appropriate answer, and provide details when possible)

Strength, Lifting, Carrying:

- Less than 10 pounds 10-20 pounds 30-40 pounds 50 pounds

Comments: _____

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Endurance:

- Works less than 2 hours Works 2-3 hours Works 3-4 hours Works more than 4 hours

Comments: _____

Orienting:

- Small area only One room Several rooms Building and Grounds

Comments: _____

Physical Mobility:

- Sit/stand in one area Fair ambulation Handles stairs Full physical ability

Comments: _____

Appearance:

- Unkempt, poor hygiene Unkempt, clean Neat/clean, unmatched clothing
 Neat/clean, matched clothing

Comments: _____

9. Vocational Skills

Computer Skills: (Check all that apply)

- Word Excel PowerPoint Internet navigation Computer Games
 Ability to type Can use standard keyboard Other: _____

How many words per minute can the individual type? _____

Comments: _____

List types of skills (office, landscaping, janitorial, manufacturing, etc.):

List any certifications or licenses: _____

Start Date: _____ Expiration date: _____

10. Work Skills and Behaviors (Check the most appropriate answers)

Independent Work Rate:

- Slow pace Steady/average pace Above average pace Continual fast pace

Comments: _____

Attention to Task and Perseverance:

- Frequent prompts Intermittent prompts, high supervision
 Intermittent prompts, low supervision Infrequent prompts, low supervision

Comments: _____

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Independent Sequencing of Job Duties:

- Cannot perform tasks in sequence Performs 2-5 tasks in sequence
 Performs 7 or more tasks in sequence Performs tasks in sequence with adaptations

Comments: _____

Initiative/Motivation:

- Avoids next task Waits for direction or prompting
 Sometimes volunteers Always seeks work

Comments: _____

Adapting to Change:

- Rigid routine required Adapts but with difficulty
 Adapts with some difficulty Adapts to change easily

Comments: _____

Reinforcement Needs: (Amount typically required to learn and participate)

- Frequent reinforcement required Intermittent daily sufficient
 Infrequent weekly sufficient Pay check is sufficient

Comments: _____

Discernment Skills:

- Cannot distinguish between work supplies
 Distinguishes between work supplies with external cues
 Can distinguish between work supplies
 Independently gathers supplies and set-up work station

Comments: _____

Takes Directions from People in Authority:

- Refuses to take directions Takes direction with prompting
 Takes direction most of the time Very willing to take direction

Comments: _____

11. Education, Training and Academic skills

Name of High School and year of graduation, GED or diploma earned and (if individual did not graduate, list last grade completed):

Name of Career Tech/Trade Schools attended, year of completion, field of study and certificates earned:

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Name of College(s) attended, years completed or year of graduation, field of study, and degree(s) earned:

List any other post-secondary training completed (computer training, driver's education, etc.):

(Check the most appropriate answers)

Time Awareness:

- Unaware of time and clock function Can identify break and lunch times
 Can tell time to the hour Can tell time in hours and minutes

Comments: _____

Functional Reading:

- None Sight words and/or symbols Basic reading up to 3rd grade
 3rd grade level and above

Comments: _____

Functional Math:

- None Simple counting
 Simple addition and/or subtraction Computation Skills

Comments: _____

12. Learning and Performance Characteristics (Multiple Intelligences)

Evidence of logical/mathematical intelligence (prefers order, dislikes chaos and change, looks for patterns and regularity, etc.):

Evidence of spatial abilities (Arts, and crafts skills, artistic abilities, spatial abilities, etc.):

Evidence of physical coordination (Good at sports, dancing, gross or fine motor skills, etc.):

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Evidence of musical skills (memorizes words to songs, has good rhythm, other musical ability):

Evidence of people skills (Can read other people's motives, intentions, body language):

Evidence of self-smart skills (Is self-directed, makes good decisions based on personal needs):

Evidence of nature skills (Is good with plants and animals, etc.):

Evidence of word smarts (Good reader, listener, speaker, or writer. Makes jokes, puns, tell stories, etc.):

13. Community Information

Describe the individual's neighborhood (Single family homes, apartments, parks, etc.):

Location of neighborhood in community (Downtown, suburb, country area, etc.):

Services/shopping near home:

Transportation availability (Bus routes, etc.):

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Volunteer work:

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Letters of reference from former employers (Retain copies in file):

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17. Paid Employment History (List most current employer first)

Name of Company:	Address, City, State, Zip:	Job Title and Duties:
Dates of Employment:	Reason for Leaving:	Reference Letter:

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Name of Company:	Address, City State, Zip:	Job Title and Duties:
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18. References for Employment

Name of Reference:	Address:	Relationship to Individual:

19. Community Participation and Recreation

List community and recreation activities the individual has participated in on a regular basis.		
Activity or Group:	Location:	Frequency:

20. Life Activities and Experiences

Individualized life activities performed at home:

Individualized life activities performed in the community:

Structured group activities performed in the home:

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Structured group activities performed in the community:

Current specific activities which are regularly participated in and which are important to the individual:

Past specific activities which were of significance:

List specific events and activities the individual looks forward to each year (include holidays, traditions, vacations, and other such activities:

SECTION 2 – DISCOVERY AND PERSONAL PREFERENCES

21. Skills, Gifts, and Strengths

List any skills, gifts and strengths the individual will contribute to a work environment (This may include things such as a wonderful sense of humor, positive attitude, attention to detail, etc.):

List any awards or recognitions:

Comments: _____

22. Work Environment Preferences (Environmental conditions the individual likes the best)

(Check the most appropriate answer, and provide details when possible)

Level of Interaction Preferred:

- | | |
|--|---|
| <input type="checkbox"/> Prefers to work alone | <input type="checkbox"/> Is a dependent worker |
| <input type="checkbox"/> Is a collaborative worker | <input type="checkbox"/> Is an independent worker |

Comments: _____

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Sound Level Preferred or Tolerated:

- Requires a quiet environment Tolerated noise (cars, traffic, machines)
 Music is tolerated and enjoyed People talking is acceptable

Comments: _____

Lighting:

- Bright Lights Low Light Sunlight (outdoors) Light does not matter

Comments: _____

Environments to be avoided:

23. Vocational Preferences (Check the most appropriate answer)

Work Availability:

- Will work weekends Will work evenings Will work part-time Will work full-time

List preferred work hours:

What is individual's dream job? _____

Type of work individual wants to do: _____

24. Accommodations

Accessibility assistance, rehabilitation technology, personal care requirements:

Habits, idiosyncrasies, safety concerns, or routines that will need to be accommodated:

Physical/health restrictions or accommodations (i.e. cannot be in direct sunlight, needs time to take medication, etc.):

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Behavior challenges:

Degree and type of negotiation required:

Other information and comments:

25. Vocational Profile Development

Staff Member and agency completing and updating this profile	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

