

## 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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Does the individual require any of the following medical equipment? (Check all that apply)

- ☐ Glasses    ☐ Contact lenses    ☐ Hearing aids    ☐ Walker    ☐ Cane    ☐ Wheelchair  
☐ Scooter    ☐ Dentures    ☐ Oxygen    ☐ CPAP Machine (sleep apnea)  
☐ Other: \_\_\_\_\_

List any physical or health restrictions:

List any allergies to medications or other allergies:

List any health protocols that might be in place (i.e. what to do in case of seizures, etc.):

List health insurance information: \_\_\_\_\_

### Medications, Supplements and Herbal Remedies

Medication	Dosage (times per day)	Original RX Date	Condition Being Treated	Most concerning side effects	Date

Does the individual currently receive services from a mental health service provider? ☐ Yes ☐ No

If yes, list the contact information:

Name of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

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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.):

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

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### 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Unaware of time and clock function | <input type="checkbox"/> Can identify break and lunch times |
| <input type="checkbox"/> Can tell time to the hour          | <input type="checkbox"/> Can tell time in hours and minutes |

Comments: \_\_\_\_\_

### Functional Reading:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None                                  | <input type="checkbox"/> Sight words and/or symbols | <input type="checkbox"/> Basic reading up to 3 <sup>rd</sup> grade |
| <input type="checkbox"/> 3 <sup>rd</sup> grade level and above |   |  |

Comments: \_\_\_\_\_

### Functional Math:

- |   |   |
|---|---|
| <input type="checkbox"/> None                               | <input type="checkbox"/> Simple counting    |
| <input type="checkbox"/> Simple addition and/or subtraction | <input type="checkbox"/> 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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Availability of employment sites near home:

### 14. Transportation (Check the most appropriate answer)

#### Getting to Work:

- ☐ Provides own transportation (bike, car, walk, etc.) ☐ Uses public transportation  
☐ Family or friend will provide the transportation ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

#### Independent Street Crossing:

- ☐ None ☐ Crosses 2 lane street, without light  
☐ Crosses 4 lane street, with light ☐ Crosses 4 lane street, without light

Comments: \_\_\_\_\_

#### Travel Skills:

- ☐ Requires bus training ☐ Uses bus independently  
☐ Uses bus, car and makes transfers ☐ Makes own travel arrangements

Comments: \_\_\_\_\_

#### Interactions with Strangers:

- ☐ Initiates conversations with strangers ☐ Speaks to strangers when approached  
☐ Speaks to strangers occasionally ☐ Does not speak to strangers

Comments: \_\_\_\_\_

### 15. Work Experience

List formal chores at home (expected responsibilities such as doing dishes, making beds etc.):

Informal work performed at home (things individual is not expected to do):

Informal jobs performed for others (taking care of neighbor's pet, etc.):

Sheltered employment or structured work experiences:

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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)**

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

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

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

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

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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:**

☐ Prefers to work alone

☐ Is a dependent worker

☐ Is a collaborative worker

☐ Is an independent worker

Comments: \_\_\_\_\_

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### Sound Level Preferred or Tolerated:

- |   |  |
|---|--|
| <input type="checkbox"/> Requires a quiet environment   | <input type="checkbox"/> Tolerated noise (cars, traffic, machines) |
| <input type="checkbox"/> Music is tolerated and enjoyed | <input type="checkbox"/> People talking is acceptable              |

Comments: \_\_\_\_\_

### Lighting:

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Bright Lights | <input type="checkbox"/> Low Light | <input type="checkbox"/> Sunlight (outdoors) | <input type="checkbox"/> Light does not matter |
|--|------------------------------------|--|--|

Comments: \_\_\_\_\_

Environments to be avoided:

### 23. Vocational Preferences (Check the most appropriate answer)

#### Work Availability:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Will work weekends | <input type="checkbox"/> Will work evenings | <input type="checkbox"/> Will work part-time | <input type="checkbox"/> 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.	

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Additional people contributing to profile:

Person providing information and relationship to the individual	Contact Number/Email	Date Provided