

## IPS Career Profile Report

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

Report Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)
Report Author	
Purchase Order (PO) Number	

This tool is to be completed by the IPS specialist, typically but not always, within the first few weeks of meeting someone. During this time, the IPS specialist uses this tool to elicit conversation and learn about a consumer's preferences.

Sources of information include: the person, the mental health treatment team, client records, and with permission, family members and previous employers. The profile should be updated with each new job and education experience using job start, job end, and/or education experience forms. Additional updates can be included in progress notes and/or reports for Vocational Rehabilitation.

Name	Pronouns		
Street Address			
City		State	Zip Code
Email	Phone		
Best Way to Contact			
Case Manager/Therapist/Other			
State Vocational Rehabilitation Counselor			

Other Healthcare/Social Service Providers

Family/Friends/Other Supports

In the event your counselor is unable to contact you, are you ok with DVR contacting a family member or dropping by?

Have ROIs been signed for supporters?

### **Work Goal**

What are your strengths? (What do you enjoy doing? What compliments have you received? How do you interact with technology?)

What is your dream job? What kind of work have you always wanted to do?

What type of job do you think you would like to have now? (What appeals to you about that type of work? What job would you not want? Is there anything that worries you about working a job? What do you hope to get out of working a job?)

What other preferences do you have for a job?

## Education

Are you interested in going to school or attending vocational training now to advance your work career?

Education History

Vocational Training

How do you learn best? (By reading, listening, trying things out yourself? Did you have any accommodations in school? What subjects did you like best/least? Were you in any advanced classes? Were you recognized for anything special?)

Do you have copies of the degrees, licenses, or certificates that you have earned?

What training, such as certificates, licenses, or degrees, will support your work goal?

Would you like to learn more about different occupations and what occupations are growing in our area? (Share examples of career exploration including visiting businesses, informational interviewing, visiting training or educational programs...)

What other preferences do you have for additional education or job/vocational training?

Would you like assistance learning about financial aid opportunities for education programs?

## Work Experience

<b>Favorite Job</b> <span style="float: right;">Not Applicable – Person has no work experience</span>		
Job Title	Employer	
Job Duties		
Start Date	End Date	Number of Hours Worked per Week
How did you find this job?		
What did you like about this job?		
What did you dislike?		
What was your supervisor like? Your co-workers?		
Reason for leaving job?		
What supports did you have for this job?		

<b>Second Favorite Job</b> <span style="float: right;">Not Applicable – Person has only had one job</span>		
Job Title	Employer	
Job Duties		
Start Date	End Date	Number of Hours Worked per Week

**Second Favorite Job**

How did you find this job?

What did you like about this job?

What did you dislike?

What was your supervisor like? Your co-workers?

Reason for leaving job?

What supports did you have for this job?

**Least Favorite Job**

Not Applicable – Person has only had two jobs

Job Title

Employer

Job Duties

Start Date

End Date

Number of Hours Worked per Week

How did you find this job?

What did you like about this job?

What did you dislike?

**Least Favorite Job**

What was your supervisor like? Your co-workers?

Reason for leaving job?

What supports did you have for this job?

**Other Disliked Job**

Not Applicable – Person has only had three jobs

Job Title

Employer

Job Duties

Start Date

End Date

Number of Hours Worked per Week

How did you find this job?

What did you like about this job?

What did you dislike?

What was your supervisor like? Your co-workers?

Reason for leaving job?

What supports did you have for this job?

## Military Experience

Branch	
Date Enlisted	Date Discharged
Training or Work Experience	
Certificate or License	

## Cultural Background

Use the following script to introduce the next set of questions to the person:

“Your cultural background and story are important to help learn who you are and how employment/education fits into your life.”

Describe what you think about when asked about your cultural background:
How do you identify yourself (race ethnicity, gender, color, economic status)?
What is important to you in terms of your background and culture (i.e., race, ethnicity, color, gender, economic status, etc.)?
Are there any cultural norms that would assist you feeling comfortable at work or school?
What languages do you speak? Which language do you prefer?
What special events or holidays do you celebrate? Are there family traditions that you still practice?
Do you have preferences regarding the culture, gender, or background of your supervisor/teacher?
Have you ever felt discriminated against regarding a job or at school?

## Health

How would you describe your mental health right now? Describe your symptoms.

What makes your symptoms better? What things have made symptoms worse?

How does your physical health impact you?

Some employers use drug screens while hiring, is this a concern for you?

What would help you manage substance use so that you can be productive and safe at work or school?  
No Concern

How do you remember appointments?

How would you rate your ability to concentrate?

If remembering appointments or concentration are problems, what helped in the past?

## Social Strengths

What are your social strengths? (How do you work with others on a job? What are your preferences for a social environment? Describe the personality of a supervisor/teacher whom you would enjoy. What helps you to have positive interactions with others?)

Personal Relationships

Who are your family/supporters? How do they feel about you going to work? Who would you call first if you got offered a job tomorrow?



What should I know about your family members'/supporters' culture(s)?

Where do you live now (e.g., alone, with family, supported housing)?

**Benefits**

Do you receive any of the following benefits?      No benefits

SSI	SSDI	Housing Subsidy	SNAP	TANF
Retirement from previous job	Medicaid	Medicare	VA benefits	VA benefits combat-related?
Spouse or dependent child receives benefits			Yes	No
Unsure which benefits received				
Other benefits:				

Do you know how work will affect your benefits? Do you know about work incentives?

Referral made to benefits planner      Date of Referral:  
If no referral, why not?

Would you like your DVR counselor to attend the appointment with you?  
Yes      No

Would you like your DVR counselor to help request your benefits verification (TTQY) from the Social Security Administration to help this process faster?  
No

**Preference for Sharing Personal Information at Work**

Please explain that each person using IPS services can decide if their specialist will contact employers or education programs on their behalf and that they can change their mind at any time. Give examples of how their information may be shared at the beginning of this discussion.

What could be some of the advantages of having an IPS specialist contact employers or education programs on your behalf?

What could be some of the disadvantages?

If you decided to share information with an employer or education program, what would you want to share and what would you want to keep private (e.g., information about where the IPS specialist works, information about mental health, legal history, other disabilities, other information)?

Your preferences for disclosure (when, who, under what conditions, etc.)

### **Planning for Pre-Employment Screening Process**

Do you have any concerns about a pre-employment screening (legal history, substance use test, suspended license...)?

Do you have any restrictions regarding where you can work or go to school? When you are available?

Would you like help learning what is on your legal record?

Do you have any pending legal charges?

Would it help if your DVR Counselor let your probation officer know that you are looking for a job or school?

### **Daily Routines**

What is your daily routine? (Include the person's sleep hours, self-care, responsibilities, etc.)

What would be a perfect day for you, including work or school?

What time of day do you feel your best?

Are there places in your neighborhood that you like to go to?

Do you belong to clubs, groups, a church, etc.?

What hobbies or interests do you have?

### Supported Employment Coordination Plan Section

To be completed for only those consumers receiving Customized Employment, Individual Placement and Support (IPS), or Supported Employment.

**Note:** When working with Family Care, IRIS, CLTS, or other long-term support programs, DVR must coordinate with the program to identify the type of supports needed and when those services should be implemented and identified in corresponding consumer service plans. The communication should be documented and include an agreement for planned services, employment, payment, timing, and outcomes for the consumer.

The coordinated plans should be reviewed at the following three points in the process:

1. DVR Post Career Profile/Discovery meeting and assessment
2. DVR 60-day on-the-job meeting
3. Before transition to long-term support

### DVR Post Career Profile/Discovery Report Coordination

Consumer Signature	DVR Counselor Signature	Service Provider Signature
Guardian	Provider of Long Term Supports	Other
<b>Signatures are suggested, but not required before submission for payment. In lieu of signature(s), an email attachment to the consumer's case stating agreement to the transition plan may also be accepted.</b>		

**Please add any additional information after this line**

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