



EMPLOYMENT, VOLUNTEER, AND TRAINING MODULE

Key
Aqua Highlighted: Module narrative and directions
Green: Skip Patterns
Red: Additional instructions

The purpose of the Employment, Volunteer and Training (EVT) module is to explore your interests in work, a volunteer position, or education and training opportunities and to find out what barriers exist for you in those areas. The items in this module will also help to identify the support needed to achieve the outcomes you'd like to see.

I. TRANSITION INTERVIEW (AGES 18-21 CURRENTLY IN SECONDARY SCHOOL)

1. Has your school team or counselor discussed your interest and plans for:

- a. Further education or training? Yes No
- b. Employment? Yes No
- c. Volunteering? Yes No

If yes to any of the above, describe the planning:

2. What are you most interested in doing after you finish school? Check all that apply

- Would like to attend post-secondary training or education (**Section IV**)
- Would like to be employed (**Section II**)
- Would like to volunteer (**Section III**)
- Isn't sure about what he/she would prefer to do
- Needs more information about options

3. Explain to the participant that they can receive assistance to the Department of Vocational Rehabilitation for supports under the Workforce Innovation and Opportunity Act (WIOA) even while still in high school. Available services include vocational rehabilitation and youth programs.

Have you used Vocational Rehabilitation or Youth Programs from the Department of Vocational and Rehabilitation Services?

- Yes. If yes, describe: _____
 - No. If no, are you interested in receiving a referral? No Yes, if yes describe types of supports potentially interested in receiving: _____
- Use interests indicated in the interview to guide which sections to complete.



II. EMPLOYMENT

This section of the module includes items and questions to find out about your interest in being employed and what, if any, barriers exist that keep you from working. It may be possible to help reduce those barriers in some cases. If you currently have a job, we can discuss if there are any supports that would assist you to continue working in a job that you enjoy.

1. Participant's current situation

- Employed ([Go to Item 2](#))
- Not employed and interested in working ([Skip to item 7](#))
- Retired and not interested in working ([Skip to Section III](#))
- In high school, interested in working now ([Skip to item 7](#))
- In high school, not interested in working ([Skip to Section III](#))
- Not employed and not interested in working ([Skip to Section III](#))

Describe reason(s)

Commented [SL1]: Simplify.

2. Current type of work (position) and employer (or self-employment)

3. Average hours per week

- 32 or more hours per week
- 20-32 hours per week
- Less than 20
- Intermittent (e.g. seasonal or as needed)

4. Wage rate

- Hourly: Earns minimum wage or more
- Hourly: Paid less than minimum wage
- Paid per piece or deliverable
- Salaried

5. Level of satisfaction in current job, hours and benefits

- Satisfied
- Not satisfied. If not satisfied, reason for dissatisfaction: _____

6. Interest in finding out more about possible or alternative employment opportunities

- Interested
- No Interest ([Using assessor judgment about asking the follow-up interview question.](#))
 - If you could get help with barriers, would you be interested in looking at employment options?



- Yes No (Skip to Section III)

7. What skills do you have that would help you toward getting the kind of job you really want or keeping your current job?

8. Ideal job

9. Participant's perceived barriers to (keeping current employment) or (getting the kind of job he/she wants) or (being interested in employment):

- | | |
|---|---|
| <input type="checkbox"/> Training/education level* | <input type="checkbox"/> Losing Medicaid |
| <input type="checkbox"/> Caregiver obligations or family expectations | <input type="checkbox"/> Losing SSI/SSDI |
| <input type="checkbox"/> Individual expectations | <input type="checkbox"/> Losing other benefits |
| <input type="checkbox"/> Housing stability | <input type="checkbox"/> Public perception/stigma about employability |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Not able to get services outside of the home |
| <input type="checkbox"/> Job experience | <input type="checkbox"/> No ongoing job coaching |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Can't find a job |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Emotional or mental health | <input type="checkbox"/> No perceived barriers |

Describe perceived barriers

***If training/education is identified as a barrier in A.6 or B.3, proceed to the [Training Section](#) next.**



III. VOLUNTEER

This section of the module includes items and questions to find about your interest in volunteering and what, if any, barriers exist for you to volunteer. It may be possible to help reduce those barriers in some cases. If you currently volunteer, we can discuss if there are any supports that would assist you to continue working in a situation that you enjoy.

1. Current volunteer status:

- Currently volunteers
- Currently volunteers but wants a change
- Does not volunteer but is looking for or interested in volunteer work
- Not interested in volunteer work ([Skip to Section IV](#))

2. Describe current volunteer activity or interest in type of volunteer work:

3. Challenges or barriers to volunteering:

- Current hours at employment leave little time to volunteer
- Caregiver obligations or family expectations
- Individual expectations
- Housing stability
- Transportation
- Physical health
- Emotional or mental health
- Need training or other support to perform volunteer duties
- Can't find volunteer opportunities
- Other _____
- No perceived barriers ([If no barriers exist, proceed to Section III.](#))

[Describe perceived barriers](#)

4. Type of assistance desired to meet needs: Check all that apply.

- Match interests to a new volunteer opportunity
- Increase/decrease volunteer hours
- Referral to a volunteer coordinator at an agency/site. Name of agency/site of interest, if known: _____
- Support services to help with addressing the identified barriers
- Wants no assistance at this time



IV. TRAINING AND EDUCATION (POST HIGH SCHOOL)

This section includes items to explore your interest in training or education. This can include opportunities such as obtaining a GED, college classes toward obtaining a certificate or degree, technical school training or continuing education classes to help you learn about an area in which you have an interest (e.g., computer class, photography classes etc.)

1. Current involvement or interest in training or education:

- Currently in training or educational program
- Currently in program but wants a change
- Is NOT in training/education program but is interested
- Not interested in training/education activities ([Skip to Section V](#))

2. Participant schooling or training: Check all that apply.

- College degree or beyond
- High school diploma plus substantial education beyond high school (associate degree, technical college, apprenticeship, working toward 4 year degree, etc.)
- High school diploma, GED, or entry-level certificate
- Currently attending GED, entry-level certificate classes or other training (ESL, skills training, supported employment or other entry level certificate course)
- No high school diploma, GED, or entry-level certificate and is not in school or training
- Met graduation standards with an IEP through participation in a special education transition program
- Adult education classes or continuing community education
- Other _____
- Unknown
- Chose not to answer

3. If enrolled in training/education currently: Satisfaction with current program or training:

- Satisfied and does not need assistance ([Section completed. Go to Section V.](#))
- Satisfied but needs some assistance. Describe: _____
- Not satisfied. Describe reason for dissatisfaction: _____

4. Desired outcome of training/education:

5. Perceived barriers or challenges:

- | | |
|---|---|
| <input type="checkbox"/> Current hours worked | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Caregiver obligations or family expectations | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Individual expectations | <input type="checkbox"/> Emotional or mental health |
| <input type="checkbox"/> Housing stability | <input type="checkbox"/> Finances to pay for training/education |



- Need tutoring or other help for completing course work
- Lack of available classes near my home
- Need for assistance with matching classes to interests
- Access to support in the community
- Other _____
- No perceived barriers ([Go to Section IV](#))

6. Participant perceived need for assistance:

- Assistance with referral to someone able to address educational/training program needs
- Assistance with other non-educational support needs
- Other _____
- Does not want/need assistance at this time

V. GOALS, OUTCOMES, AND SUPPORTS

This section addresses future goals for employment/volunteering/training/education. The purpose of this discussion is to make sure the support plan addresses these personal goals.

Based on the stated interests of the participant during the EVT discussion, the assessor should discuss the relevant goal areas.

1. Employment Goals

- a. Goals: _____
- b. Supports participant feels are most important to achieve goals: _____

2. Volunteer Goals

- a. Goals: _____
- b. Supports participant feels are most important to achieve goals: _____

3. Training/Education

- a. Goals: _____
- b. Supports participant feels are most important to achieve goals: _____

4. Implications for the Support Plan: Describe supports that may be needed to fulfill goals.

VI. REFERRALS

Check all that apply:



- Transition Assistance (18-21 in high school)**
- Employment:**
 - Department of Vocational Rehabilitation (DVR)
 - Employment counseling and/or assessment- Non-DVR
 - Employment support provider- Non-DVR
 - Benefits counseling
 - Social Security Administration – Ticket to Work
 - Social Security Administration - Other
 - ADA assistance
 - One-Stop Career Centers
 - Transportation assistance
 - Child care assistance
 - Housing assistance
 - Other _____
- Volunteer Work:**
 - Volunteer coordination assistance
 - Transportation assistance
 - Training
 - Child care
 - Housing assistance
 - ADA assistance
 - Other _____
- Training/Education:**
 - Community education program
 - Financial assistance
 - School counselor
 - Transportation assistance
 - Housing assistance
 - ADA assistance
 - Other _____