**IPS Career Profile**

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: Click here to enter text.

Preferred pronouns Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text.

Phone number(s): Click here to enter text.

Best way to reach: Click here to enter text.

Case Manager/Therapist/Other: Click here to enter text.

State Vocational Rehabilitation counselor: Click here to enter text.

 [ ]  Referral sent to State Vocational Rehabilitation

Other healthcare/social service providers: Click here to enter text.

Family/friends/other support people: Click here to enter text.

In the event we’re unable to contact you

Are you ok with us contacting a family member

Or dropping by? Click or tap here to enter text.

Have ROI’s been signed for supporters? Click or tap here to enter text.

# Work Goal

What are your strengths? (*What do you enjoy doing? What compliments have you received? How do you interact with technology?)* Click here to enter text.

What is your dream job? What kind of work have you always wanted to do? Click here to enter text.

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?)* Click here to enter text.

What other preferences do you have for a job: Click or tap here to enter text.

## Education

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

Click here to enter text.

Tell me about your education history:Click here to enter text.

Tell me about any vocational training you have had: Click here to enter text.

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?)* Click here to enter text.

Do you have copies of the degrees, licenses, certificates that you have earned? Click here to enter text.

What training, such as certificates, licenses, or degrees, will support your work goal? Click here to enter text.

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…)* Click here to enter text.

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

Click or tap here to enter text.

Would you like assistance learning about financial aid opportunities for education programs? Click here to enter text.

## Work Experience

**Favorite job** [ ] N/A – Person has no work experience

|  |  |
| --- | --- |
| Job title: | Click here to enter text. |
| Employer: | Click here to enter text. |
| Job duties: | Click here to enter text. |
| Start Date: | Click here to enter text. | End Date: | Click here to enter text. |
| How many hours per week: | Click here to enter text. |
| How did you find this job? | Click here to enter text. |
| What did you like about job? | Click here to enter text. |
| What did you dislike? | Click here to enter text. |
| What was your supervisor like? Your co-workers? | Click here to enter text. |
| Reason for leaving job? | Click here to enter text. |
| Who supported you, or what supports did you have for this job : | Click here to enter text. |

**Second favorite job** [ ] N/A – Or person has only had one job

|  |  |
| --- | --- |
| Job title: | Click here to enter text. |
| Employer: | Click here to enter text. |
| Job duties: | Click here to enter text. |
| Start Date: | Click here to enter text. | End Date: | Click here to enter text. |
| How many hours per week: | Click here to enter text. |
| How did you find this job? | Click here to enter text. |
| What did you like about job? | Click here to enter text. |
| What did you dislike? | Click here to enter text. |
| What was your supervisor like? Your co-workers? | Click here to enter text. |
| Reason for leaving job? | Click here to enter text. |
| Who supported you, or what supports did you have for this job : | Click here to enter text. |

**Least favorite job** [ ] N/A – Or person has only had two jobs

|  |  |
| --- | --- |
| Job title: | Click here to enter text. |
| Employer: | Click here to enter text. |
| Job duties: | Click here to enter text. |
| Start Date: | Click here to enter text. | End Date: | Click here to enter text. |
| How many hours per week: | Click here to enter text. |
| How did you find this job? | Click here to enter text. |
| What did you like about job? | Click here to enter text. |
| What did you dislike? | Click here to enter text. |
| What was your supervisor like? Your co-workers? | Click here to enter text. |
| Reason for leaving job? | Click here to enter text. |
| Who supported you, or what supports did you have for this job : | Click here to enter text. |

**Another job you did not like** [ ] N/A – Or person has only had three jobs

|  |  |
| --- | --- |
| Job title: | Click here to enter text. |
| Employer: | Click here to enter text. |
| Job duties: | Click here to enter text. |
| Start Date: | Click here to enter text. | End Date: | Click here to enter text. |
| How many hours per week: | Click here to enter text. |
| How did you find this job? | Click here to enter text. |
| What did you like about job? | Click here to enter text. |
| What did you dislike? | Click here to enter text. |
| What was your supervisor like? Your co-workers? | Click here to enter text. |
| Reason for leaving job? | Click here to enter text. |
| Who supported you, or what supports did you have for this job: | Click here to enter text. |

**Military Experience**

|  |
| --- |
| [ ]  **Not applicable because person was not in the military** |
| Branch: | Click here to enter text. |
| Dates: | Click here to enter text. |
| Training or work experience: | Click here to enter text. |
| Certificate or license: | Click here to enter text. |

**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: Click here to enter text.

How do you identify yourself (*race ethnicity, gender, color, economic status*)? Click here to enter text.

What is important to you in terms of your background and culture? (*i.e., race, ethnicity, color, gender, economic status, etc.*) Click here to enter text.

Are there any cultural norms that would assist you feeling comfortable at work/school? Click here to enter text.

Which languages do you speak? Which language do you prefer? Click here to enter text.

What special events or holidays do you celebrate? Are there family traditions that you still practice? Click here to enter text.

Do you have preferences regarding the culture, gender, or background of your supervisor/teacher? Click here to enter text.

Have you ever felt discriminated against regarding a job or at school? Could you tell me about that? Click here to enter text.

**Health**

Please tell me about your mental health. Click here to enter text.

What helps you manage symptoms? Click here to enter text.

How does your physical health impact you? Click here to enter text.

Some employers use drug screens while hiring, is this a concern for you? Click here to enter text.

What would help you manage substance use so that you can be productive and safe at work or school? [ ]  No concern Click here to enter text.

How do you remember appointments? Click here to enter text.

How would you rate your ability to concentrate? Click here to enter text.

If either of the above are problems, what helped with these issues in the past? Click here to enter text.

## 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?)* Click here to enter text.

Personal Relationships:

Who is your family/supporters and how do they feel about you going to work? Who would you call first if you got offered a job tomorrow? Click here to enter text.

If I meet your family members/supporters, what should I know about their culture? Click or tap here to enter text.

Where do you live now? (*Alone, with family, supported housing?*) Click here to enter text.

## Benefits

Do you receive any of the following benefits? [ ]  No benefits

[ ]  SSI [ ]  SSDI [ ]  Housing Subsidy [ ]  SNAP [ ]  TANF [ ]  Retirement from previous job

[ ]  VA benefits (combat related? [ ]  Yes) [ ]  Spouse or dependent child receives benefits [ ]  Medicaid

[ ]  Medicare [ ]  Other benefits: Click here to enter text. [ ]  Unsure which benefits received

Do you know how work will affect your benefits? Do you know about work incentives? Click here to enter text.

[ ]  Referral made to benefits planner. When: Click here to enter text.

If no referral, why not: Click here to enter text.

Would it help if I came to the appointment with you? Click here to enter text.

Would it help if I helped you request your benefits verification (TTQY) from Social Security Administration to move this process faster? Click here to enter text.

## Preference for Sharing Personal Information at Work

Please explain that each person using IPS services can decide whether or not 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? Click here to enter text.

What could be some of the disadvantages? Click here to enter text.

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? (*Information about where the IPS specialist works, information about mental health, legal history, other disabilities, other information…?*) Click here to enter text.

Your preferences for disclosure (*when, who, under what conditions…*): Click here to enter text.

## Planning for Pre-employment Screening Process

Do you have any concerns about a pre-employment screening (*legal history, substance use test, suspended license…*)? Click here to enter text.

Do you have any restrictions regarding where you can work or go to school? When you are available? Click here to enter text.

Would you like helping learning what is on your legal record? Click here to enter text.

|  |  |
| --- | --- |
| Do you have any pending legal charges? Click here to enter text.Would it help if I let your probabtion officer know that we are looking for a job/school? Click here to enter text. |  |

## Your Daily Routines

What is your daily routine? (*Include the person’s sleep hours, self care, responsibilities, etc.*) Click here to enter text.

What would be a perfect day for you—including work/school? Click here to enter text.

What time of day do you feel your best? Click here to enter text.

Are there places in your neighborhood that you like to go to? Click here to enter text.

Do you belong to clubs, groups, a church, etc.? Click here to enter text.

What hobbies or interests do you have? Click here to enter text.

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

Staff signature

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

Job seeker/student signature