Employment Focused Transition Services

This document is intended to help clarify why someone is being referred and/or may need services. The planning process is individualized based on the presence of barriers and services are provided to address those barriers in order to reach a specific employment goal. Your input is essential to providing quality services to students and any insights you can provide here are greatly appreciated.

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<th>POTENTIAL BARRIERS TO EMPLOYMENT</th>
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OVRS makes people eligible based on the above categories with the exception of Motor Skills, though limitations in motor skills often lead to barriers in other areas.

Can you see any of the following in the student especially when picturing them in a work setting? Please check the box next to those you feel apply to the individual.

**INTERPERSONAL SKILLS:** The ability to establish and maintain positive personal, family and community relationships necessary to work

- □ Is the person unable to recognize social cues?
- □ Is the person limited in their ability to handle constructive criticism?
- □ Is the person limited in their ability to manage frustration encountered on the job and/or does he/she overreact or withdraw?
- □ Does the person lack the skills necessary for effective social interaction?
- □ Is the person uncomfortable in social situations?
- □ Does the person have unavoidable personal appearance problems that may seem difficult for others to accept, even with familiarity?
- □ Is the person limited in their ability to separate personal problems from work?
- □ Does the person not enjoy being with other people and/or prefer to be alone?
- □ If the person is deaf or hard-of-hearing, are other methods of communication needed in individual and group interactions?
**MOBILITY**: The physical and psychological ability to move from place to place inside and outside the home

- Is the person limited in their ability to use public transportation (Due to disability)?
- Is the person limited in their ability to obtain a driver’s license (Due to disability)?
- Is the person limited in their ability to travel alone in familiar or unfamiliar settings?
- Does the person use a wheelchair with or without assistance?
- Is the person able to travel with or without assistance?
- Is the person limited in their ability to use transportation schedules?
- If blind, is the person able to travel independently with the use of a cane or guide dog?

**MOTOR SKILLS**: Ability to perform complex muscle and nerve acts that produce movement both fine and gross

Does the person…

- Have limited use of upper/lower extremities to obtain, control the use of objects?
- Have partial or total loss of functioning in one or both upper/lower extremities?
- Have limited control and coordination of fine/gross motor movements?
- Have limited ability to perform activities of daily living, such as feeding, with or without the use of aids/ prosthetics?
- Perform tasks at a non-competitive work pace, ie. at a slow work pace?
- Move slower than average? Fatigue easily?
- Have involuntary movements that interfere with the ability to control and coordinate muscles?

**SELF CARE**: The ability to care for self and living environment?

- Is the person limited in their ability to perform activities of daily living?
- Is the person limited in their ability to manage a daily schedule?
- Is the person limited in their ability to adjust to a change in routine?
- Is the person limited in their ability to manage financial responsibility?
- Does the person require assistance or prompts to manage personal hygiene needs?
- Does the person have difficulty making decisions?
- Does the person lack “common sense”, demonstrating poor decision making, reasoning, and judgment?
- Does this person need adaptations in their environment to be independent?
- Does the person require extra attention or monitoring to prevent accident or injury?
**SELF DIRECTION:** The ability to regulate behavior in a purposeful and predictable way, taking into account personal goals, environmental conditions, cultural values and expectations.

☐ Is the person limited in their ability to follow directions?
☐ Is the person limited in their ability to identify logical steps necessary to reach goals?
☐ Is the person limited in their ability to complete tasks?
☐ Is the person limited in their ability to locate work stations?
☐ Is the person limited in their ability to work independently?
☐ Is the person limited in their ability to ask for assistance when necessary?
☐ Is the person limited in their ability to use feedback to improve or correct work performance?
☐ Does the person require periodic, frequent or constant supervision?
☐ Is the person limited in their ability to initiate work activity?
☐ Does the person give up easily, especially if confronted by a problem or change?
☐ Is the person limited in their ability to understand or disregard consequences?
☐ Does the person have unrealistic job expectations?
☐ Is the person limited in their ability to make decisions independent of others?
☐ Is the person limited in their ability to adjust to changes in routine independently?

**COMMUNICATION:** The ability to exchange (give or receive) information

☐ Is the person limited in their ability to speak and understand verbal language?
☐ Is the person able to use lip reading and speech to communicate if hearing impaired?
☐ Does the person use sign language or cued speech?
☐ Is the person’s speech difficult to understand?
☐ Is repetition often necessary?
☐ Does communication occur in single words, short phrases, or simple concepts?
☐ Is the person limited in their ability to communicate his/her needs effectively?
☐ Are there differences between the level of instruction and the student’s understanding of instructions given?
☐ Does the person use large print or Braille?
☐ Does the person have difficulty generalizing, transferring and/or assimilating information (written, spoken, receptive or expressive)?
**WORK TOLERANCE:** The capacity to meet the physical and psychological demands of work

- □ Is the person limited in their ability to work for an (8) hour day?
- □ Is the person limited in their ability to work for (8) hours, even if given additional breaks needed for disability?
- □ Is the person limited in their ability to perform work requiring frequent lifting and carrying?
- □ Is the person limited in their ability to sit or stand for more than (2) hours?
- □ Is the person limited in their ability to handle the pressure of a work routine?
- □ Is the person limited in their ability to establish adequate working relationships, especially with co-workers and supervisors?

**WORK SKILLS:** The capacity to learn and perform job tasks

- □ Is the person limited in their ability to maintain attention to task for a reasonable amount of time?
- □ Is the person limited in their ability to concentrate on a task amongst distractions of the work place?
- □ Is the person limited in their ability to follow written instructions? Verbal instructions?
- □ Is the person limited in their ability to remember directions? Does information need to be repeated frequently?
- □ Are there concerns about the quality of work?
- □ Is the person limited in their ability to tell time; be on time for work?
- □ Is the person limited in their ability to learn new tasks without specialized instruction?
- □ Does the person need cues to perform tasks?
- □ Does the person need frequent reinforcement in order to sustain work activity?
- □ Are the person’s academic levels in reading, math and written language limited?
- □ Is the person limited in their ability to conform to established work rules?
- □ Will the person require modeling, experience, demonstration to learn tasks?
- □ Is the person limited in their ability to make simple work-related decisions?
- □ Is the person unaware of work safety and work hazards?
- □ If interrupted, is the person limited in their ability to re-orient to the job task?
- □ Is the person limited in their ability to transfer learning from one job task to another?