

My Career Development Plan

Name:	DOB:	Age:	SASID:
Current School:	Current Grade level:	Meeting Date:	My anticipated exit date:
My Career Goal:			
Benefits Counseling	<input type="checkbox"/> Provided family with benefits counseling information		

My Career Development Team: (Persons assisting me with the development of this plan)

Name _____	Title _____ Student
Name _____	Title _____ Parent/Guardian
Name _____	Title _____ Transition Specialist/ Special Educator
Name _____	Title _____ Transition Specialist
Name _____	Title _____ ORS
Name _____	Title _____ BHDDH Representative
Name _____	Title _____ Other

My Transition Assessments (Include Vocational Assessment & Person Centered Planning):

Method/Tool:	Date(s):

Interests & Preferences	
My Expressed Area of Interest	
My Job Preferences	
Recommendations from my Career Development team	

Community Support Services			
ORS Introduction Date:	BHDDH Introduction date:	SSI (Supplemental Security Income)	SSDI (Social Security Disability Insurance)
ORS REFERRAL Date:	*BHDDH Application Date:	___ Yes ___ No Date:	___ Yes ___ No Date:

*<http://www.bhddh.ri.gov/developmentaldisabilities/index.php>

I will Transition to...POST SCHOOL GOALS			
Work Full-time ___ Yes ___ No	Work Part-time ___ Yes ___ No	Post-Secondary Education ___ Yes ___ No	Apprenticeship ___ Yes ___ No
Other ___ Yes ___ No (describe)		Supported Employment ___ Yes ___ No	Short-term training ___ Yes ___ No
		Customized Employment: ___ Yes ___ No	

My School Based Preparatory Experiences (Check)			
Social Skills Training		Self-Advocacy/ Self-Determination	
Career Exploration		Conflict Resolution	
Soft Skill Development		Peer & Adult Mentorship	
Job Skill Development		Daily Living Skills	
Youth Development & Leadership		Assistive Technology	
Post School Educational & Community Services		Other:	

My Vocational & Related Services			
Transition Fair		Integrated Work based Learning Experience	
Career Days		Job Shadow	
Internships		Business Tour	
Part-time Employment		Summer Employment	
Volunteering		Work-study	
Service Learning		Informational Interviews	

Integrated Trial Work Experiences					
*Type	Location	Anticipated dates	Person Responsible	Completed	Total Days

***Community Based Vocational Experience= CBVE; Situational Assessment in the Community= SAC; Summer Work Experience= SWE;**

Trial Work Experience =TWE is the opportunity to work in a real job in an integrated employment setting alongside non-disabled co-workers, customers, and/or peers, with the appropriate services and supports for a sufficient period of time to establish whether an individual’s interests, skills and abilities are well-suited for the particular job, but for no shorter than 60 days. The trial work experience shall be selected through a person centered planning process and shall be individually tailored to each person.

Information below is based upon results of My Assessments, Person Centered Planning, School Based Preparatory Experiences, Vocational & Related Services, and Integrated Trial Work Experiences:

<p>My Employment Strengths</p>			
<p>My Employment Barriers</p>			
<p>Services & Supports Needed to Attain Career Goal</p>		<p>Persons Responsible</p>	

My Accommodations Needed (Including Assistive Technology):

Reading

- Provide pictures, symbols, or diagrams instead of words
- Read written information to employee
- Provide written information on audiotape
- Use voice output on computer
- Use line guide to identify or highlight one line of text at a time

Writing

- Provide templates or forms to prompt information requested
- Allow verbal response instead of written response
- Allow typed response instead of written response
- Use voice input on computer
- Use spell-check on computer
- Use a scribe to write the employee's response
- Provide ample space on forms requiring written response

Memory

- Use voice activated recorder to record verbal instructions
- Provide written information
- Provide checklists
- Prompt employee with verbal cues (reminders)
- Post written or pictorial instructions on frequently-used machines

Performing Calculations

- Allow use of calculator
 - Large-display calculator
 - Talking calculator
- Use counter or ticker
- Make pre-counted or pre-measured poster or jig
- Provide talking tape measure
- Use liquid level indicators
- Mark the measuring cup with a “fill to here” line

Organization

- Minimize clutter
- Color-code items or resources
- Provide A-B-C chart
- Provide 1-2-3 chart
- Divide large tasks into multiple smaller tasks
- Avoid re-organization of workspace
- Label items or resources
 - Use symbols instead of words
 - Use print labels instead of hand-written labels

Time Management/Performing or Completing Tasks

- Provide verbal prompts (reminders)
- Provide written or symbolic reminders
- Use alarm watch or beeper
- Use jig for assembly to increase productivity
- Arrange materials in order of use
- Use task list with numbers or symbols
- Avoid isolated workstations
- Provide space for job coach
- Provide additional training or retraining as needed
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Accommodation for Limitations in Motor Abilities

Using Computer:

- Use key guard
- Use alternative input devices
 - speech recognition
 - speech output
 - trackball
 - joystick
 - touchscreen

Using Telephone:

- Use large-button phone
- Use phone with universal symbols (fire, police, doctor)
- Use phone with speed-dial, clearly labeled
- Use receiver holder
- Use headset

Accessing Workspace:

- Place anti-fatigue mats at workstation
- Use motorized scooter
- Use stools at workstations
- Move items within reach
- Provide frequent rest breaks

Handling or Grasping Objects:

- Use ergonomic tools, handle build-ups, or other tool adaptations
- Use orthopedic writing aids
- Use grip aids
- Use jig or brace
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Accommodations for Limitations in Social Abilities

Emotional Support:

- Give positive feedback
- Use visual performance charts
- Provide tangible rewards
- Use co-workers as mentors
- Use Employee Assistance Program (EAP)
- Provide job coach
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Interacting with Co-Workers:

- Model appropriate social skills
 - Where to eat at work
 - When to eat at work
 - When to hug other co-workers
 - How to pay for coffee
 - What to do if you are mad
 - Who to ask for help
 - When to leave your workstation

Working Effectively with Supervisors:

- Communicate one-to-one with employee
- Deal with problems as they arise
- Keep job coach informed
- Train supervisors on communication etiquette
- Discuss disciplinary procedures
- Monitor effectiveness of accommodations currently provided
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Others: (Please identify)

Person/Agency Responsible:

Transportation:

How will I get to and From Work? (Check all that apply)

RIPTA		Family	
Paratransit (RIDE)		Friends/co-worker	
Agency		Walk	
Driver's License/Car		Other (describe)	

Type of Support Needed: (Check what applies)

	Need	Person or Agency Responsible
Independent		
Needs Training: (i.e. Travel & pedestrian safety, reading bus schedule)		
Needs Assistance to Access		
No Access to Transportation		