**INTAKE SUMMARY AND ASSESSMENT REPORT (ISAR)**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **General Instructions** | | | | | | | | | | | |
| The Intake/ Assessment Report is a detailed narrative document that describes this person’s background information, level of functioning and support needs and provides insight into the interventions that may lead to a successful job match and retention.   * Type or handwrite responses using blue or black ink. * Answer all questions. If a question or section does not apply, enter “Not Applicable” and explain why. * Answers should be written in a narrative format in clear, positive, descriptive English with minimal bullet points. * The narrative summaries must indicate how and when the information was collected. For example, by discussion with this person’s supervisor, or by direct observation of this person performing a skill. * Before submitting for payment, review the document to ensure all questions have been answered. | | | | | | | | | | | |
| **Person Identification Information** | | | | | | | | | | | |
| Last name: | | First name: | | | | | Middle name: | | | | |
| Street address: (include apartment and room number, if any) | | | | | | | | | | | |
| City: | | | | State: | | | | | ZIP Code: | | |
| Primary contact number  (     ) | | Secondary contact number:  (     ) | | | | | Email address: | | | | |
| Does this person have a legal representative? YES NO | | | | | | | | | | | |
| If yes, enter the name of the person: | | | | | | | | | | | |
| **Alternate Contact Person’s Information** | | | | | | | | | | | |
| Alternate contact person’s name: | | | | | Alternate contact person’s email address: | | | | | | |
| Alternate’s primary contact phone number:  (     ) | | | | | Alternate’s secondary phone number:  (     ) | | | | | | |
| **Program** | | | | | | | | | | | |
| Job Placement (Non-Supported Employment)  Supported Employment | | | | | | | | | | | |
| **Community Resources and Supports** | | | | | | | | | | | |
| Enter community supports this person might use in the spaces below.  Examples include Developmental Disability Administration (DDA), mental health services, counselor, transportation etc. | | | | | | | | | | | |
| 1. Name of resource: | | | | | | | | | | | |
| Summary of service or supports: | | | | | | | | | | | |
| Contact information for resource: | | | | | | | | | | | |
| 2. Name of resource: | | | | | | | | | | | |
| Summary of service or supports: | | | | | | | | | | | |
| Contact information for resource: | | | | | | | | | | | |
| 3. Name of resource: | | | | | | | | | | | |
| Summary of service or supports: | | | | | | | | | | | |
| Contact information for resource: | | | | | | | | | | | |
| **Residential or Domestic Information** | | | | | | | | | | | |
| Family (parent or guardian, spouse, children, siblings): | | | | | | | | | | | |
| Extended Family | | | | | | | | | | | |
| Names, ages, relationships, and employment of persons living in the same residence | | | | | | | | | | | |
| Name:  Relationship: | | | | | Age:  Employment: | | | | | | |
| Name:  Relationship: | | | | | Age:  Employment: | | | | | | |
| Name:  Relationship: | | | | | Age:  Employment: | | | | | | |
| Name:  Relationship: | | | | | Age:  Employment: | | | | | | |
| **Residential History and Domestic Information** | | | | | | | | | | | |
| **Current living situation:**  Describe this person’s current living situation. How long has this person lived at the current location? Does this person plan to remain at this location when this person obtains employment? Is anything potentially putting this living arrangement at risk? | | | | | | | | | | | |
| **Family and friends’ proximity and support:**  Describe this person’s proximity to friends and family members and the amount of contact this person has with them. Describe the extent to which friends and family members would be willing to support this person to find and keep a job (for example, connections or transportation). | | | | | | | | | | | |
| **Financial status:**  Describe this person’s current financial status. Does this person have a source of income? If this person receives benefits, explain how she and family members have been given information regarding how work will impact the benefits in order for them to make an informed decision. How much can this person earn per week or per month without losing needed benefits? | | | | | | | | | | | |
| **Children and child care issues:**  Does this person have children living at home? What impact, if any, will child care issues have on work proximity and hours? | | | | | | | | | | | |
| **Information about the neighborhood:**  Describe the neighborhood in which this person lives. Describe the proximity of businesses (if any) to this person, Describe the general availability of services and supports to this person. Are there supports or safety issues in the neighborhood that may impact this person’s work hours? | | | | | | | | | | | |
| **Education History** | | | | | | | | | | | |
| **Education:**  What is the highest level completed by this person?  Enter the date the person received his or her high school diploma or GED:  What classes did this person participate in of where this person may have gained transferable employment skills? Describe the transferable skills learned and how this person can currently perform each skill. If this person did not graduate, note the circumstances. | | | | | | | | | | | |
| **Vocational or technical training:**  Describe any vocational or technical trade training this person had in school. Include any paid, supported or volunteer community-based experiences that this person had. Describe any academic or vocational instructional strategies that were effective with this person. Based on this training or experience, what was learned about this person’s skills, interests, abilities and support needs? What relevance does this have to possible job matches and potential job supports? | | | | | | | | | | | |
| **Present Level or Functioning Observed by the Provider** | | | | | | | | | | | |
| **Domestic skills and level of support:**  Describe this person’s ability and willingness to perform routine and non-routine activities in this person current living situation such as cleaning, laundry, cooking, and personal hygiene. Does this person enjoy some activities more than others? Describe the extent to which others expect these activities of this person and those that this person initiates. What environmental modifications or support strategies are in place (if any) to help this person perform activities? What implications do these modifications or support strategies have for job matches or support strategies for this person or the employer? | | | | | | | | | | | |
| **Time management:**  Describe this person’s ability to manage this person own time and the relevance of this to potential job matches or supports to this person or employer. Describe any factors that would impact this person’s ability to manage this person own time. To what extent is this person able to arrive on time without assistance? Describe support strategies used (if any) that help this person to be on time. Is there a time of day when this person performs better than others? Should certain times be avoided? What are the typical daily routines this person participates in at home and in the community? Are there times during the day or week that this person is interested in “protecting” because of other commitments and does this person consider protection of these commitments a nonnegotiable constraint for gaining employment? | | | | | | | | | | | |
| **Medication management (if relevant):**  If this person takes medication, describe the extent to which this person is able to self-manage taking medication or the supports in place to help this person take medication. To what extent does this person perceive the value of taking medication? Does the medication affect this person more at certain times than others? What implications does this information have for potential job matches and/or potential job supports? | | | | | | | | | | | |
| **Behavior challenges (if applicable):**  Describe in detail any behaviors that have been labeled as challenging. What specifically occurs when this person engages in the behavior? What typically happens before the behavior occurs? What happens after the behavior occurs? Are there specific, proven support strategies that have been effective in helping this person reduce or avoid the behavior? What strategies should be avoided? Should certain environments be avoided? What implications do this information have for potential job matches or potential job supports for this person or the employer? | | | | | | | | | | | |
| **Work and Life Experiences** | | | | | | | | | | | |
| **Life experiences:**  Describe briefly this person’s chronological life experiences (for example school, marriage, moving) and how these may impact occupational choices, work interest and support needs. | | | | | | | | | | | |
| **Work history:**  Other than educational experiences, describe this person’s work history in detail. Describe the job duties, hours, and circumstances for this person’s leaving the job. Based on what is known about this person, did the jobs appear to be a good match for this person, and why or why not? Based on these work experiences, what has been learned about this person’s skills, interests, and potential support needs for new employment? | | | | | | | | | | | |
| **Learning and Performance Characteristics** | | | | | | | | | | | |
| **Physical environment:**  Describe the types of physical environments (indoors or outdoors) in which this person is most comfortable and functions the best, and the relevance of this information to potential job matches or support strategies for this person or the employer. Are there specific concerns about any potential physical environment? Are there specific physical environments that should be avoided because of potential health or behavioral problems? | | | | | | | | | | | |
| **Cultural environment:**  Describe the types of cultural environments in which this person is most comfortable and functions the best and the relevance of this information to potential job matches or support strategies for this person or the employer. Describe any person preferences for the density of co-workers (crowded, sparse). Describe the overall pace of the environment in which this person is most likely to be comfortable or function best. Are there any specific cultural environments that should be avoided? | | | | | | | | | | | |
| **Pace of work:**  Describe the pace and consistency of work that would best suit this person. Would this person benefit from a fast-paced job? Slow? Would this person perform better with consistent predictable activities, varied duties, or a combination of both? Describe what information you obtained to reach this conclusion. | | | | | | | | | | | |
| **How the person learns new tasks:**  Describe the most effective way to teach this person a new task. Describe the sequence of steps or strategies that works best (for example, demonstrate first, have this person try). What type of task monitoring or supervision seems to fit this person’s preferences, tolerances, and ability to respond? Describe what information you obtained to reach this conclusion. | | | | | | | | | | | |
| **Person’s Preferences** | | | | | | | | | | | |
| **Hobbies and leisure:**  Describe the types of leisure activities this person prefers, keeping in mind the potential for discovering potential job matches and identifying passions and interests as part of this person’s assets and contributions. What interests this person? What does this person choose to do? What does this person do well? How does this person spend his/her time? What do other people say this person enjoys doing? Be sure to include how the employment specialist(s) learned about these interests. Discuss your involvement in the community with this person and any creative strategies used to gain this information. Please provide enough information to support that this activity is a real interest of the job seeker. | | | | | | | | | | | |
| **Vocational Skills:**  Based on the interests listed above, what is this person’s strengths? What skills does this person possess? What kind of things does this person do regularly? | | | | | | | | | | | |
| **Work preferences:**  Describe the types of work in which this person would like to engage. Explain steps taken to help this person make an informed decision about work. Does this person understand the tasks that may have to be performed for the type of job interest this person expresses? If applicable, does this person’s family have a strong interest in this person working in a particular job? What transferable job skills or tasks can this person demonstrate? If this person is interested in a job for which this person may not be qualified, what tasks within that job or related tasks can this person perform? | | | | | | | | | | | |
| **Ideal number of hours per work week and how this was determined:**  State your opinion on an appropriate number of work hours and how this decision was made. Please present a clear idea of how many hours per week this person wants to work prior to starting the job search. | | | | | | | | | | | |
| **\*Baseline Functional Level** | | | | | | | | | | | |
| **General Directions:**  Indicate the most appropriate response for each item based on observations of this person and interviews with other person/s who know this person (i.e. family members, adult service providers, school personnel, employers). | | | | | | | | | | | |
| Domain/ Area | Indicator | | | | | YES | | NO | | Comments | |
| 1. Availability | Will work weekends | | | | |  | |  | |  | |
| Will work evenings | | | | |  | |  | |  | |
| Will work part time | | | | |  | |  | |  | |
| Will work full time | | | | |  | |  | |  | |
| 1. Transportation | Transportation available | | | | |  | |  | |  | |
| Access to specialized travel services | | | | |  | |  | |  | |
| Access to public transportation | | | | |  | |  | |  | |
| Family will transport | | | | |  | |  | |  | |
| Provides own transportation (bike, car, walks) | | | | |  | |  | |  | |
| 1. Travel skills | Requires public transportation training | | | | |  | |  | |  | |
| Uses train/ bus independently/ no transfer | | | | |  | |  | |  | |
| Uses public transportation independently/ makes transfer | | | | |  | |  | |  | |
| Able to make own travel arrangements | | | | |  | |  | |  | |
| 1. Strength – Lifting and Carrying | Poor (<10 lbs)  Average (30 – 40 lbs.)  Fair (10-20 lbs.) Strong ( > 50 lbs.) | | | | | | |  | | | |
| 1. Endurance (without breaks) | Can work <2 hrs Can work 3-4 hrs  Can work 2-3 hrs Can work >4hrs | | | | | | |  | | | |
| 1. Orientation to place | Small area only Building wide  One room Building and ground  Several rooms | | | | | | |  | | | |
| 1. Physical mobility | Sit/ stand in one area  Stairs/ minor obstacles  Fair ambulation  Full physical abilities | | | | | | |  | | | |
| 1. Appearance | Unkempt/ poor hygiene  Unkempt/ clean  Neat/ clean but clothing unmatched  Neat/ clean and clothing matched | | | | | | |  | | | |
| 1. Communication | Uses sounds/ gestures/ key words/ signs  Uses sign language  Speaks unclearly  Communicates clearly, intelligible to strangers | | | | | | |  | | | |
| 1. Appropriate social interactions | Rarely interacts appropriately  Polite, responses appropriate  Initiates social interactions infrequently  Initiates social interactions frequently | | | | | | |  | | | |
| 1. Handling criticism/ stress | Resistive/ argumentative  Withdraws into silence  Accepts criticism/ does not change behavior  Accepts criticism/ changes behavior | | | | | | |  | | | |
| 1. Acts/ speak aggressively | Hourly Monthly  Daily Never  Weekly | | | | | | |  | | | |
| 1. Unusual behavior | Many unusual behaviors  Few unusual behaviors  No unusual behaviors | | | | | | |  | | | |
| 1. Attention to task/ perseverance | Frequent prompts required  Intermittent prompts, high supervision required  Intermittent prompts, low supervision required  Infrequent prompts, low supervision required | | | | | | |  | | | |
| 1. Initiative/ motivation | Always seeks work  Waits for directions  Sometimes volunteers Avoids next task | | | | | | |  | | | |
| 1. Adapting to change | Adapts to change  Adapts to change with difficulty  Adapts to change with great difficulty  Rigid routine required | | | | | | |  | | | |
| 1. Family support | Very supportive of work  Supportive of work with reservations  Indifferent about work  Negative about work | | | | | | |  | | | |
| 1. Person’s financial situation | Financial ramifications no obstacle  Requires job with benefits  Reduction of financial aid is a concern  Unwilling to give up financial aid | | | | | | |  | | | |
| 1. Time awareness | Unaware of time and clock function  Identifies breaks and lunch  Can tell time to the hour  Can tell time in hours and minutes | | | | | | |  | | | |
| 1. Functional reading | None  Simple reading  Sight words/ symbols  Fluent reading | | | | | | |  | | | |
| 1. Functional math | None  Simple addition/ subtraction  Simple counting  Computation skills | | | | | | |  | | | |
| **Conclusions** | | | | | | | | | | | |
| Record a brief summary of this person’s employability and support needs related to gaining and maintaining long-term, competitive, integrated employment within the community.    Status of Referral: ACCEPTED to obtain employment goal of  DECLINED  Reasons for Declining: | | | | | | | | | | | |
| Signature | | | | | | | | | | | |
| I, the Employment Specialist or        (describe position), certify that:   * I personally completed the Intake Summary and Assessment Report; and * I documented the services and information described above in the Intake Summary and Assessment Report. | | | | | | | | | | | |
| First and Last name of the Employment Specialist: | | | Signature of the Employment Specialist: | | | | | | | | Date Report Submitted: |
| DCRSA Approval of the ISAR | | | | | | | | | | | |
| Reviewed/ Approved:  Approved  Returned to provider # | | | Counselor’s initials: | | | | | | | | Date: |
| # Reason for returning to provider: (this block appears when sent back to provider is clicked) | | | | | | | | | | | |

\*Baseline Functional Level adapted from manual developed by VCU-RRTC: Supported Employment: A Customer-Driven Approach (1997)

**Attachments:**

Person-Centered Employment Plan (if case is accepted)

Positive Personal Profile (if Discovery Assessment has been authorized)