**Assessment Questions**

*The purpose of the assessment is to talk about your preferences, skills, interests and needs in order to find the kinds of jobs that are best suited for you. Below is a sampling of things we might talk about. If you want to prepare yourself, you can think about these in advance and talk about them with your family and friends.*

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| **General Questions:** | **Note Your Answers in the Space Provided** |
| Tell me about yourself. |  |
| Tell me about your family. |  |
| What kinds of work do the members of your family do? |  |
| Tell me about your friends. |  |
| Where do you live? |  |
| How old are you? When is your birthday? |  |
| What schools did you go to? |  |
| What were your favorite classes in school? |  |
| Who first talked to you about getting a job? |  |
| Tell me why you want to get a job. |  |
| What are your motivations for getting a job? (money, greater independence, being out in the community, social aspects) |  |
| Is there anything you would like to know about Supported Employment? |  |
| Is there anything you have questions about? |  |
| Is there anything you would like to add? |  |
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| **Preferences:** |  |
| Tell me what it is you like to do? |  |
| Tell me about places you might like to work. |  |
| What are your preferred days of the week and times of the day that you would like to work? |  |
| Are there any days or times that you are not able to work? |  |
| Do you have a preference for a working environment: Indoors, outdoors, office setting, customer service, sitting, standing, moving around, etc.? |  |
| I’m going to list some jobs and you tell me if you might like to do them. (cleaning, sweeping, dusting, washing dishes, stocking shelves, folding towels, etc.) |  |
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| **Skills** |  |
| How do you help around the house? |  |
| What kinds of chores do you do at home? |  |
| Have you ever worked? Tell me about your experiences there. |  |
| Have you ever done any volunteer work? |  |
| What did you do there? |  |
| What did you like about your work? What didn’t you like? |  |
| Do you like to read? |  |
| Do you like math? |  |
|  |  |
| **Interests:** |  |
| Tell me about places you like to go. |  |
| What do you do there? |  |
| What other sort of places do you go? |  |
| Do you like to go shopping? |  |
| What’s your favorite: movie, food, tv show, sport, sport team, etc.? |  |
| Do you like animals? |  |
| Do you like being around kids? |  |
|  |  |
| **Support Needs:** |  |
| How do you like to learn new things? |  |
| If you have to learn something new, would it be easier if I told you how to do it or if I showed you how to do it? |  |
| How do you get around now? Does someone drive you? Do you take public transport? Adapted transport? (e.g., LIFT, MITS) |  |
| Once you have a job, how will you get to work? |  |
| Do you take any medications? |  |
| How is your health? |  |
| How often do you get sick? |  |
| If you are sick and couldn’t go in to work, what would you do? |  |