



Employment, Volunteer, and Training Module

This module is used for participants ages 13 and older

Key	
Blue Highlight:	Module narrative and directions - assessment level instructions/and or help
Orange:	Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
Green:	Skip patterns
Red:	Additional instructions for assessors
Purple:	Section level help
Light Blue:	Notes for automation and/or configuration
	Denotes a shared question with another module (one way only unless otherwise indicated)
Gray Highlight:	Responses/Text Boxes to pull forward to Assessment Output
Yellow Highlight:	Populate and/or pull forward to the Support Plan from another module or section within the Support Plan itself
Green Highlight:	Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
	Denotes mandatory item
	Item populates forward for Reassessment
Teal Highlight:	Items for Revision and CSR- Support Plan only
<i>Italics:</i>	Items from FASI (CARE)

Commented [SL1]: The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

The purpose of the Employment, Volunteer and Training (EVT) module of the Assessment process is to explore the participant's interests in employment, a volunteer position, or education and training opportunities, find out what barriers exist for the participant in meeting his/her goal, and identify supports or assistance needed to achieve the participant's desired outcome.

1. TRANSITION INTERVIEW (AGES 13-21 CURRENTLY IN SECONDARY SCHOOL)

1. Do you already have a plan in place for your transition from high school for any of the following?

- Further education or training
- Employment

Commented [SL2]: Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.



- Volunteering
- None (Skip to Item 2- Most interested in doing)

1a. Describe the plan in place for the transition after high school:

2. What are you most interested in doing after you finish school?

- Would like to be employed
- Would like to attend post-secondary training or education
- Would like to volunteer
- Isn't sure about what he/she would prefer to do
- Needs more information about options

3. Have you used Vocational Rehabilitation or Youth Programs from the Department of Vocational Rehabilitation Services? Explain to the participant that he/she may receive assistance from the Department of Vocational Rehabilitation for supports under the Workforce Innovation and Opportunity Act (WIOA) even while still in high school. Available services include vocational rehabilitation and youth programs.

- No
- Yes

Describe previous use of vocational rehabilitation or youth programs: _____

3a. Are you interested in receiving a referral? (Only shows if response is "No" is selected for item "Have you used Vocational Rehabilitation or Youth Programs from...")

- No
- Yes

Describe types of supports potentially interested in receiving: _____

Commented [SL3]: If "yes" a task will be generated to make a referral.

2. EMPLOYMENT

In this section we will discuss your interest in being employed and what, if any, barriers exist that keep you from working. We may be able to identify services and referrals to reduce the perceived barriers that keep you from working or working at the job you want.


If you currently have a job, we can discuss if there are any supports that would assist you to continue working in a job that you enjoy.

1. Participant's current employment status

- Employed or in Internship/Apprenticeship (Skip to Item 3- Current Employment)
- Not employed and interested in working
- Retired and not interested in working (Skip to Section 3- Training and Education)



- Not employed and **not interested** in working (Skip to Item 5- Perceived Barriers (to keeping current employment or getting the kind of job he/she wants or being interested in employment))
- Choose not to answer (Skip to Section 3- Training and Education)

2. Have you been employed in the past?  (Only show if response is "Not employed and interested in working" is selected for item "Participant's current employment status")

- No
- Yes, but prior to disability.
Describe previous employment prior to disability: _____
- Yes
Describe previous employment: _____

If participant is not employed currently but is interested in employment, skip to Item 5- Perceived Barriers (to keeping current employment or getting the kind of job he/she wants or being interested in employment).

3. Current Employment 

Only show "Current Employment" table if response "Employed or in Internship/Apprenticeship" is selected for item "Participant's current employment status"



Name of Employer ⓘ	Start Date ⓘ	End Date (If known)	Employment Status ⓘ	Type of Employment ⓘ	Employment Category ⓘ	Wage Rate ⓘ	Approx. Wage Per Hour	Average Hours Per Week ⓘ	Employment Support ⓘ
<i>Text</i>	<i>Calendar</i>	<i>Calendar</i>	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal	<input type="radio"/> Competitive integrated employment <input type="radio"/> Work crew/enclave <input type="radio"/> Pre-vocational <input type="radio"/> Self-employed	<input type="radio"/> Assembly, Manufacturing, or Packing <input type="radio"/> Building/Grounds Cleaning or maintenance <input type="radio"/> Food Prep/Food Service <input type="radio"/> Office Work, Communications, Administrative <input type="radio"/> Retail <input type="radio"/> Technology, Social Media or Development <input type="radio"/> Other, specify employment category: _____	<input type="radio"/> Hourly: earns minimum wage or more <input type="radio"/> Hourly: paid less than minimum wage <input type="radio"/> Paid per piece or deliverable <input type="radio"/> Salaried	<i>Text for currency</i> <input type="checkbox"/> Unknown	<input type="radio"/> 32 or more hours per week <input type="radio"/> 20-31 hours per week <input type="radio"/> Less than 20 <input type="radio"/> Intermittent (e.g. seasonal or as needed)	Is the participant receiving supported employment services? <input type="radio"/> No <input type="radio"/> Yes, identify source of supported employment: <input type="checkbox"/> DVR in the past year <input type="checkbox"/> HCBS Waiver If "Yes", date approved: _____

Additional employers may be added



4. Level of satisfaction in current job, hours and benefits

- Satisfied
- Not satisfied

Describe reason for dissatisfaction: _____

5. Participant's perceived barriers (to keeping current employment or getting the kind of job he/she wants or being interested in employment):

- Training/education level
- Caregiver obligations or family expectations
- Participant expectations
- Housing stability
- Transportation
- Job experience
- Legal issues
- Physical health
- Emotional or mental health
- Need for reasonable accommodations
- Losing Health First Colorado (Colorado's Medicaid Program)
- Losing SSI/SSDI
- Losing other benefits
- Public's perception/stigma about employability
- Unable to get personal support services outside of the home
- No ongoing job coaching
- Can't find a job
- Supervision needs
- Other,
Describe other perceived barriers: _____
- No perceived barriers (Skip to Item 7-Assistance needed to work)

5a. Additional comments regarding perceived barriers for employment:

6. Are you interested in employment IF barriers can be addressed: (Only show if "Not employed and interested in working" or "Not employed and not interested in working" is selected in Item 1- Current Employment status)

- Interested
- Not Interested (Skip to Section 3- Training and Education)



7. Assistance needed to work:

- Independent (with devices, if used)
- Needs help weekly or less (e.g., if problems arise)
- Needs help every day but does not need continuous presence of another person
- Continuous presence of another person
- Other, describe assistance needed to work: _____

8. What skills do you have that would help you get the kind of job you really want or keeping your current job?

9. Ideal job

10. Employment Goals: _____

11. Supports participant feels are most important to achieve employment goals : _____

3. TRAINING AND EDUCATION

This section includes items to explore your interest in training or education. This can include opportunities such as obtaining a GED, college classes toward obtaining a certificate or undergraduate or post-graduate degree, technical school training or continuing education classes to help you learn about an area in which you have an interest (e.g., computer class, photography classes etc.)

1. Participant's schooling or training status (Select highest level of attainment):

- College degree or post-graduate degree
- High school diploma plus substantial education beyond high school (associate degree, technical college, apprenticeship, working toward 4-year degree, etc.)
- High school diploma, GED, or entry-level certificate
- Currently attending GED, entry-level certificate classes or other training (ESL, skills training, supported employment or other entry level certificate course)
- No high school diploma, GED, or entry-level certificate and is not in school or training
- Met graduation standards with an IEP through participation in a special education transition program
- Adult education classes or continuing community education



- Currently attending high school
- Currently attending junior high or middle school
- Other

Describe schooling or training status: _____

- Unknown
- Choose not to answer

2. Current involvement or interest in training or education: 

- Currently in training or educational program
- Currently in training or educational program but wants a change
- Is NOT in training/education program but is interested (Skip to Item 4- Perceived Barriers with training and education)
- Not interested in training/education activities (Skip to Section 4- Volunteer)

3. Satisfaction with current program or training:

- Satisfied and does not need assistance
- Satisfied but needs some assistance.

Describe assistance needed: _____

- Not satisfied

Describe reason for dissatisfaction: _____

4. Participant's perceived barriers with training and education:

- | | |
|---|--|
| <input type="checkbox"/> Current hours worked | <input type="checkbox"/> Unable to get personal support services outside the home |
| <input type="checkbox"/> Caregiver obligations or family expectations | <input type="checkbox"/> Public's perception or stigma |
| <input type="checkbox"/> Participant expectations | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Housing stability | <input type="checkbox"/> Access to technology needed for education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Supervision needs |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Other, describe perceived barriers or challenges with training and education: _____ |
| <input type="checkbox"/> Emotional or mental health | |
| <input type="checkbox"/> Finances to pay for training/education | |
| <input type="checkbox"/> Need tutoring or other help for completing course work | <input type="checkbox"/> No perceived barriers (Skip to Section 4- Volunteer) |
| <input type="checkbox"/> Lack of available classes near my home | |
| <input type="checkbox"/> Need for assistance with matching classes to interests | |

4a. Additional comments regarding perceived barriers for training and education:



5. Assistance needed with training and education:

- Assistance with referral to someone able to address educational/training program needs
- Assistance with other non-educational support needs
- Other, describe perceived need for assistance with training and education:

- Does not want/need assistance at this time

6. Training and education goals: _____

7. Supports participant feels are most important to achieve training and education goals

: _____

4. VOLUNTEER

This section includes items to find out about your interest in volunteering and what, if any, barriers exist for you to volunteer. It may be possible to help reduce those barriers in some cases. If you currently volunteer, we can discuss if there are any supports that would assist you to continue working in a situation that you enjoy.

1. Current volunteer status:

- Currently volunteers ([Skip to Item 3- Current Volunteer Activity](#))
- Currently volunteers but wants a change ([Skip to Item 3- Current Volunteer Activity](#))
- Does not volunteer but is looking for or interested in volunteer work
- Not interested in volunteer work ([End of module](#))

2. Have you volunteered in the past?

- No
- Yes
Describe volunteering in the past:

3. Describe current volunteer activity or interest in volunteer work: _____

4. Participant's perceived barriers with volunteering:

- Current hours at employment leave little time to volunteer
- Caregiver obligations or family expectations



- Participant expectations
- Housing stability
- Transportation
- Physical health
- Emotional or mental health
- Legal issues
- Need training or other support to perform volunteer duties
- Can't find volunteer opportunities
- Unable to get personal support services outside home
- Public's perception or stigma
- Supervision needs
- Other,
- Describe other barriers to volunteering:

- No perceived barriers

4a. Additional comments regarding perceived barriers for volunteering:

5. Assistance needed with volunteering:

- Match interests to a new volunteer opportunity
- Increase/decrease volunteer hours
- Referral to a volunteer coordinator or other staff at an agency/site. Name of agency/site of interest, if known: _____
- Support services to help with addressing the identified barriers
- Wants no assistance at this time

6. Volunteering goals📄: _____

7. Supports participant feels are most important to achieve volunteering goals📄: _____