

YOUNG ADULT SERVICES
EMPLOYMENT AND EDUCATION MEASURES SURVEY
Version – DDaP

Client ID/MPI# _____ Name _____ DOB ____/____/____	
Reporting Agency & Program _____	
Staff Name _____	Client Level of Care (<i>check one</i>)
Admission Date ____/____/____	<input type="checkbox"/> Inpatient Acute
Survey Date ____/____/____	<input type="checkbox"/> Inpatient Sub-Acute
	<input type="checkbox"/> Outpatient Clinical
	<input type="checkbox"/> Group Residential
	<input type="checkbox"/> Specialized Apartment
	<input type="checkbox"/> Supervised Apartment
	<input type="checkbox"/> Intensive Case Management
	<input type="checkbox"/> Clinical/Case Management
	<input type="checkbox"/> Outpatient Substance Abuse Tx
Information based on:	
<input type="checkbox"/> Client present	<input type="checkbox"/> Staff report/notes
Gender:	
<input type="checkbox"/> Female	
<input type="checkbox"/> Male	

This survey includes Employment Measures Education Measures Both

(fill out/skip appropriate survey sections based on this response)

NOTE: Timeframe covered by this assessment is the last 30 days

Do you have a valid driver's license? Yes No Unsure

If NO, is it your goal to get/reinstate a driver's license? Yes No Unsure

EMPLOYMENT MEASURES

Questions 1-7: Check one answer per question	YES	NO	UNSURE
1. Did you complete an Employment Assessment* at admission?			
2. Have you met with a specialized Benefits Counselor†?			
2a. If YES, what was the date? ____/____/____			
3. If you are receiving benefits, have you received an individualized benefits report explaining the impact of work/education on your current benefits?			
4. Would you agree that preparing, obtaining, or improving your employment status is a goal of yours?			
4a. If YES, are your employment goals captured as part of your last Treatment Plan?			
5. Was an Employment Specialist‡ present at your last Treatment Plan meeting?			
7. Did you require agency transportation services (involving staff or agency vehicle and/or driver) for job seeking and/or employment?			

* Employment Assessment: A discussion of work history, goals, interests, strengths and weaknesses, captured in a written document.

† Someone who is specialized in talking about benefits and can explain how earnings would affect them. This person would produce a written report (eg. BRS Benefits Counselor).

‡ Also known as a Vocational Counselor.

Employment Status Codes (Questions 8- 13)

CODE	Employment Category	CODE	Employment Category
1	Employed full time (competitive with natural supports)	13	Unemployed (looking for work in the past 30 days, or on a layoff)
2	Employed full time (competitive with staff support on-site)	14.1	Not in labor force (not looking): student enrolled in a school
3	Employed full time (competitive with staff support off-site)	14.2	Not in the labor force (not looking): job-training program
4	Employed part time (competitive with natural supports)	14.3	Not in labor force (not looking): homemaker
5	Employed part time (competitive with staff support on-site)	14.4	Not in labor force (not looking): disabled
6	Employed part time (competitive with staff support off-site)	14.5	Not in labor force (not looking): extended and numerous psychiatric hospitalizations
7	Self-employed (full-time)	14.6	Not in labor force (not looking): inmate of an institution that restrains a person, otherwise able, from the work force
8	Self-employed (part-time)	14.7	Not in labor force (not looking): other reason (give reason – i.e. pregnancy, homeless, medical, etc)
9	Employed seasonal/temporary full time	15	Refused
10	Employed seasonal/temporary part time	97	Other (please write in description below)
11	Paid but non-competitive work (including sheltered work, transitional employment programs, BRS working interview/assessment, Agency run business, etc.)	98	Not Collected
12	Volunteer (not paid)	99	Unknown

8. Were you unemployed during this time period? Yes No

9. Please choose from the codes (13-99) to describe your **unemployment status** during this reporting period. If *employed*, skip to question 10.

CODE _____ Description (if requested by code): _____

Unemployment Start Date _____ Unemployment End Date _____

CODE _____ Description (if requested by code): _____

Unemployment Start Date _____ Unemployment End Date _____

CODE _____ Description (if requested by code): _____

Unemployment Start Date _____ Unemployment End Date _____

10. List all jobs/positions held during this reporting period using **CODES 1-12**. Use one box for each job/position. Please report them in chronological order (by start date) to the best of your ability.

IMPORTANT – Choose ONE: <input type="checkbox"/> New Job/Position <input type="checkbox"/> Continuing (from last report) Job/Position		
CODE _____	Employer/Program _____	
Job title _____	Start date: ____/____/____	End Date: ____/____/____ <i>(leave blank if still active)</i>
Number of days worked/volunteered <i>during this reporting period</i> _____		
Average number of hours worked/volunteered per week _____ Hourly pay rate \$ _____		
If you changed or lost this job during this reporting period, what was the reason? Check all that apply <i>(if you didn't lose your job do not answer this part)</i>		
<input type="checkbox"/> Moved	<input type="checkbox"/> Voluntarily quit	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Found another job	<input type="checkbox"/> Laid off	<input type="checkbox"/> Inadequate vocational support
<input type="checkbox"/> Furthering education	<input type="checkbox"/> Seasonal job	<input type="checkbox"/> Legal issues
<input type="checkbox"/> Promoted (job title change)	<input type="checkbox"/> Transportation difficulties	<input type="checkbox"/> Discharged/Fired
<input type="checkbox"/> Transferred within company	<input type="checkbox"/> Increased symptoms	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Durational position ended	<input type="checkbox"/> Substance abuse problems	

IMPORTANT – Choose ONE: New Job/Position Continuing (from last report) Job/Position

CODE _____ Employer/Program _____

Job title _____ Start date: ____/____/____ End Date: ____/____/____
(leave blank if still active)

Number of days worked/volunteered *in during this reporting period* _____

Average number of hours worked/volunteered per week _____ Hourly pay rate \$ _____

If you changed or lost this job during this reporting period, what was the reason? **Check all that apply**
(if you didn't lose your job do not answer this part)

<input type="checkbox"/> Moved	<input type="checkbox"/> Voluntarily quit	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Found another job	<input type="checkbox"/> Laid off	<input type="checkbox"/> Inadequate vocational support
<input type="checkbox"/> Furthering education	<input type="checkbox"/> Seasonal job	<input type="checkbox"/> Legal issues
<input type="checkbox"/> Promoted (job title change)	<input type="checkbox"/> Transportation difficulties	<input type="checkbox"/> Discharged/Fired
<input type="checkbox"/> Transferred within company	<input type="checkbox"/> Increased symptoms	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Durational position ended	<input type="checkbox"/> Substance abuse problems	

IMPORTANT – Choose ONE: New Job/Position Continuing (from last report) Job/Position

CODE _____ Employer/Program _____

Job title _____ Start date: ____/____/____ End Date: ____/____/____
(leave blank if still active)

Number of days worked/volunteered *during this reporting period* _____

Average number of hours worked/volunteered per week _____ Hourly pay rate \$ _____

If you changed or lost this job during this reporting period, what was the reason? **Check all that apply**
(if you didn't lose your job do not answer this part)

<input type="checkbox"/> Moved	<input type="checkbox"/> Voluntarily quit	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Found another job	<input type="checkbox"/> Laid off	<input type="checkbox"/> Inadequate vocational support
<input type="checkbox"/> Furthering education	<input type="checkbox"/> Seasonal job	<input type="checkbox"/> Legal issues
<input type="checkbox"/> Promoted (job title change)	<input type="checkbox"/> Transportation difficulties	<input type="checkbox"/> Discharged/Fired
<input type="checkbox"/> Transferred within company	<input type="checkbox"/> Increased symptoms	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Durational position ended	<input type="checkbox"/> Substance abuse problems	

IMPORTANT – Choose ONE: New Job/Position Continuing (from last report) Job/Position

CODE _____ Employer/Program _____

Job title _____ Start date: ____/____/____ End Date: ____/____/____
(leave blank if still active)

Number of days worked/volunteered *during this reporting period* _____

Average number of hours worked/volunteered per week _____ Hourly pay rate \$ _____

If you changed or lost this job during this reporting period, what was the reason? **Check all that apply**
(if you didn't lose your job do not answer this part)

<input type="checkbox"/> Moved	<input type="checkbox"/> Voluntarily quit	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Found another job	<input type="checkbox"/> Laid off	<input type="checkbox"/> Inadequate vocational support
<input type="checkbox"/> Furthering education	<input type="checkbox"/> Seasonal job	<input type="checkbox"/> Legal issues
<input type="checkbox"/> Promoted (job title change)	<input type="checkbox"/> Transportation difficulties	<input type="checkbox"/> Discharged/Fired
<input type="checkbox"/> Transferred within company	<input type="checkbox"/> Increased symptoms	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Durational position ended	<input type="checkbox"/> Substance abuse problems	

11. If CODE 11 was listed, what type of activities were you (they) doing in *this reporting period*? *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Student enrolled in a school | <input type="checkbox"/> Generic youth business model |
| <input type="checkbox"/> Sheltered workshop | <input type="checkbox"/> Stipend |
| <input type="checkbox"/> Transitional employment positions | <input type="checkbox"/> Paid work-study |
| <input type="checkbox"/> Paid apprenticeship | <input type="checkbox"/> Transportation training |
| <input type="checkbox"/> Agency run business | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Situational assessment/working interviews | <input type="checkbox"/> N/A |

STAFF COMPLETES Questions 12 - 15:

12. If CODES 13-99 were listed, were they engaged in pre-employment/enhancement activities *during this reporting period*?

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Enrolled in vocational counseling/supported employment |
| <input type="checkbox"/> Enrolled in job-training program | <input type="checkbox"/> Enrolled in a work-based mentoring program |
| <input type="checkbox"/> Enrolled in BRS | <input type="checkbox"/> Community service work |
| <input type="checkbox"/> Enrolled in a Clubhouse | <input type="checkbox"/> General community integration |
| <input type="checkbox"/> Enrolled in an IPS specific employment program. | <input type="checkbox"/> Peer-to-Peer support |
| <input type="checkbox"/> Communication skill building | <input type="checkbox"/> Ansell- Casey Curriculum |
| <input type="checkbox"/> Job shadowing | <input type="checkbox"/> CT Works |
| <input type="checkbox"/> Transportation training | <input type="checkbox"/> Other (specify): _____ |

13a. FROM THE STAFF PERSPECTIVE: If CODES 11-99 were listed, what barriers prevented the client from being employed? *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Limited access to transportation | <input type="checkbox"/> Lack of vocational support |
| <input type="checkbox"/> Lack of stable housing | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Basic needs | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Treatment and work schedules conflict | <input type="checkbox"/> Medication related issues |
| <input type="checkbox"/> Criminal history | <input type="checkbox"/> Symptom related issues |
| <input type="checkbox"/> Fear of losing benefits | <input type="checkbox"/> Family obligations (e.g., child care or care giving) |
| <input type="checkbox"/> Substance use/abuse/dependence | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Interpersonal/behavioral challenges | <input type="checkbox"/> Immigration status |
| <input type="checkbox"/> Lack of education/training | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Lack of experience | |

13b. FROM THE CLIENT PERSPECTIVE: If CODES 11-99 were listed, what barriers prevented them from being employed? *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Limited access to transportation | <input type="checkbox"/> Lack of vocational support |
| <input type="checkbox"/> Lack of stable housing | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> Basic needs | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Treatment and work schedules conflict | <input type="checkbox"/> Medication related issues |
| <input type="checkbox"/> Criminal history | <input type="checkbox"/> Symptom related issues |
| <input type="checkbox"/> Fear of losing benefits | <input type="checkbox"/> Family obligations (e.g., child care or care giving) |
| <input type="checkbox"/> Substance use/abuse/dependence | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Interpersonal/behavioral challenges | <input type="checkbox"/> Immigration status |
| <input type="checkbox"/> Lack of education/training | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Lack of experience | |

LIFE SKILLS INVENTORY DOMAINS - EMPLOYMENT**14. Job Seeking Skills (check all that apply)** N/A (skip to next page)**Basic - Must know 2 of 2:**

- Has reasonable idea of the types of jobs available to him/her.
- Knows what the minimum wage is.

Intermediate - Must know 4 of 5:

- Can fill out a standard job application form.
- Can read the want ads and find appropriate leads.
- Can complete a mock interview giving appropriate answers to potential questions.
- Can make an appointment for a job interview.
- Knows the appropriate clothing to wear for the interview.

Advanced - Must know 6 of 8:

- Can write a resume.
- Has a completed job application/fact sheet to take on a job interview.
- Knows to prepare for a job interview.
- Can complete a job interview.
- Knows the function of and can contact the public employment agency.
- Knows the function of and understands that private employment agencies charge fees.
- Can identify ads placed by private employment agencies.
- Can contact temporary employment services.

Exceptional - Must know at least 2:

- Has a resume.
- Can follow up an interview with a letter.
- Is able to weigh the advantages of one job over another.
- Understands legal discrimination and where to seek help if discriminated against illegally.

15. Job Maintenance Skills (check all that apply) N/A (skip to next question)**Basic - Must know 3 of 4:**

- Dresses for work appropriately.
- Reports to work on time.
- Knows job responsibilities and how to complete job tasks.
- Knows to contact employer when not able to go to work.

Intermediate - Must know 3 of 4:

- Know how to read a pay stub.
- Knows appropriate way to talk to supervisor.
- Knows what behaviors will get a person fired immediately.
- Knows how to ask for help with a problem on the job.

Advanced - Must know 4 of 5:

- Knows if eligible for sick time, vacation time, or personal time.
- Knows what a grievance procedure is.
- Know what to do to get a raise.
- Knows where and when not to talk with co-workers.
- Has a plan for handling anger when angry at supervisor, co-workers, or customers.

Exceptional - Must know at least 3:

- Can implement anger management plan in majority of cases.
- Knows how to use company grievance procedure to resolve disagreements.
- Knows companies "unwritten policies" and can function within them.
- Knows how to ask for a raise.
- Knows what to do to be eligible for promotion.
- Knows legal rights as an employee.

EDUCATION MEASURES***NOTE: Timeframe covered by this assessment is the last 30 days***

Questions 16-20: Check one answer per question	YES	NO	UNSURE
16. Did you complete an Educational Assessment [§] at admission?			
17. Would you agree that preparing, obtaining, or improving your educational status is a goal of yours?			
17a. If YES, are your educational goals captured as part of your last Treatment Plan?			
18. Were you presented with educational options and available resources at your last Treatment Plan meeting?			
20. Did you require agency transportation services (involving staff or agency vehicle and/or driver) for education related events/activities?			

[§] This would be captured in a written document.

21. In this reporting period, how would you describe your education status? *Check all that apply*

- Educational goals were furthered or completed
- Not enrolled in an education program
- Formally withdrew from an education program
- Expelled from education program
- Dropped out of education program
- Enrolled in and/or attending GED program
- Obtained GED
- Enrolled in high school diploma eligible program (on-line or in a program)
- Graduated high school
- Voc/tech program after high school but no voc/tech diploma (electrician, plumbing, mechanics, carpentry, culinary)
- Voc/tech diploma after high school
- Non-Credit Adult Continuing Education Course (e.g. computer basics, jewelry making, internet skills for job search)
- Advocacy Unlimited Training
- NAMI Peer-to-peer Training
- Enrolled in college level course (non-matriculated)
- Completed college level course (non-matriculated) *(please fill in blank below)*
Number of college credits to date _____
- Enrolled in certificate program of study (e.g. Mental Health Aid, CNA, etc.)
- Completed certificate program of study
- Continuing Associates degree
- Completed Associates degree
- Continuing at a 4-year University
- Completed 4-year degree
- Other (specify): _____

22. In this reporting period, what were the barriers that prevented you from either furthering your education or completing your education goals? *Check all that apply*

- Not Applicable *(skip to next page)*
- Limited access to transportation
- Lack of stable Housing
- Basic needs
- Cost/Financial reasons
- Receiving treatment
- Fear of losing benefits
- Substance use/abuse/dependence
- Interpersonal/behavioral challenges
- Language barrier
- Medical condition
- Symptom/medication management
- Family obligations (e.g., child care or care giving)
- Lack of understanding of the admissions process
- Lack of understanding of the financial aid process
- Lack of availability or access to resources both on and off campus (i.e. libraries, labs, etc.)
- Lack of coordination/communication between on-campus service providers and off-campus support staff
- Lack of understanding regarding psychiatric disabilities by college faculty and staff
- Feels stigmatized and labeled by an inaccurate and hurtful representation of mental illness
- Lack of college based peer support group
- Fear of failure
- Pregnancy
- Lack of educational support services
- Immigration status
- Other (specify): _____

LIFE SKILLS INVENTORY DOMAINS - EDUCATION**23. Educational Planning Skills (check all that apply)** N/A (skip to next page)**Basic - Must know 2 of 2:**

- Understands his/her chances for completing high school.
- If high school graduation is not realistic, understands what a GED is and how to obtain one.

Intermediate - Must know 3 of 4:

- Can fill out forms to enroll in an educational program.
- Has a general idea of what education is needed for the job he/she wants.
- Can discuss educational/vocational plans with teachers/counselor.
- Is aware of educational resources available in the community.

Advanced - Must know 4 of 6:

- Knows how to obtain school transcripts.
- Is aware of current educational credits and standing.
- Has an appropriate educational plan for the job selected.
- Understands educational/skill requirements for job selected.
- Is aware of the cost of higher education/vocational training.
- Knows the difference between a loan and a grant.

Exceptional - Must know at least 3:

- "Shops around" to find the best educational resources.
- Knows where to find and how to access adult education or vocational training in the community.
- Knows how to obtain financial aid/scholarships for additional education.
- Understands future prospects and probable living standards relative to levels of education and specialized skills.
- Is able to identify the connection between course work and vocational goals.

24. Educational Maintenance Skills (check all that apply) N/A (skip rest of page)**Basic - Must know 4 of 5:**

- Comes to class prepared.
- Knows how to get around campus and where classes are located.
- Arrives to class on time.
- Understands responsibilities as a student.
- Knows how to contact instructor/teacher when not able to attend class.

Intermediate - Must know 3 of 4:

- Know how to read a course schedule and transcripts of grades.
- Knows what behaviors will get him/her suspended from school/college immediately.
- Knows where and when not to talk with other students, instructors or other student support personnel.
- Knows how to ask for assistance if struggling with class assignments or other academic concerns.

Advanced - Must know 3 of 4:

- Knows how to register with Student Disability Services and has knowledge of accommodation planning.
- Knows how to withdraw from a class and/or request an incomplete grade.
- Know how to advocate for self especially as it relates to academic success.
- Has a plan for handling anger when angry at instructor/teacher or other student support personnel.

Exceptional - Must know at least 3:

- Can implement anger management plan in majority of cases.
- Knows how to use campus mediation procedure to resolve disagreements.
- Knows campus "unwritten policies" and can function within them.
- Knows how to request meeting to address a grade in question and to ask for additional class assignments to better grade.
- Knows what to do to be eligible for student financial aid.
- Knows legal rights as a student regarding but not limited to: accommodation planning and confidentiality.