### Template: Career Profile

[Note that highlighted sections need to be adapted for Canadian context.]

Date of first visit: Click here to enter text.

Client’s Name: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text.

Phone number/s: Click here to enter text.

Best way to reach: Click here to enter text.

Case Manager/therapist: Click here to enter text.

GP/NP: Click here to enter text.

Psychiatrist: Click here to enter text.

FoundryWorks! Provider: Click here to enter text.

Other healthcare/social service providers: Click here to enter text.

PHN: Click here to enter text.

# Work Goal

What is your dream job? What kind of work have you always wanted to do?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What are your long-term career goals?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What type of job do you think you would like to have now?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What is it that appeals to you about that type of work?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What type of job(s) do you know that you would not want?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Do you know people who are working? What types of jobs? What do you think about those jobs?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Is there anything that worries you about going to work? Why do you want to work?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Education

Are you interested in going to school or attending vocational training now to advance your work career?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

**Education/learning history**

Did you complete high school?

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

If no, would you be interested in earning your GED/high school equivalency diploma?

|  |  |  |
| --- | --- | --- |
| [ ]  No | [ ]  Yes | [ ]  N/A |

……………………………………………………………………………………………………………………………………………………………………………………

Did you participate in vocational training classes in high school?

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

……………………………………………………………………………………………………………………………………………………………………………………

Have you ever completed an apprenticeship (i.e., plumbing, welding, electrician, etc.)?

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

If so, what year? Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Did you complete any job related job-related training in the military?

|  |  |  |
| --- | --- | --- |
| [ ]  No | [ ]  Yes | [ ]  N/A |

Please describe the training, including years and any certificates earned. Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

**Other education or training programs** [ ]  N/A

|  |  |
| --- | --- |
| Name of Educational/ Training Institution: | Click here to enter text. |
| City/State: | Click here to enter text. |
| Years attended: | Click here to enter text. |
| Type of degree or certificate sought: | Click here to enter text. |
| Degrees, certificates, or classes completed: | Click here to enter text. |
| If program was not completed, why not? | Click here to enter text. |
| Liked most about the program: | Click here to enter text. |
| Liked least about the program: | Click here to enter text. |
| Type of financial aid used, if any: | Click here to enter text. |

|  |  |
| --- | --- |
| Name of Educational/ Training Institution: | Click here to enter text. |
| City/State: | Click here to enter text. |
| Years attended: | Click here to enter text. |
| Type of degree or certificate sought: | Click here to enter text. |
| Degrees, certificates, or classes completed: | Click here to enter text. |
| If program was not completed, why not? | Click here to enter text. |
| Liked most about the program: | Click here to enter text. |
| Liked least about the program: | Click here to enter text. |
| Type of financial aid used, if any: | Click here to enter text. |

|  |  |
| --- | --- |
| Name of Educational/ Training Institution: | Click here to enter text. |
| City/State: | Click here to enter text. |
| Years attended: | Click here to enter text. |
| Type of degree or certificate sought: | Click here to enter text. |
| Degrees, certificates, or classes completed: | Click here to enter text. |
| If program was not completed, why not? | Click here to enter text. |
| Liked most about the program: | Click here to enter text. |
| Liked least about the program: | Click here to enter text. |
| Type of financial aid used, if any: | Click here to enter text. |

……………………………………………………………………………………………………………………………………………………………………………………

Do you have copies of the degrees, licenses, certificates that you have earned?

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Are you interested in earning a specific certificate, license, or degree for work?

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

If the individual is not interested in additional schooling or technical training now, skip the next set of questions and ask about work history instead.

What type of job are you interested in obtaining?

Click here to enter text.

Do you know of a specific training/education program you would like to pursue?

Click here to enter text.

What is it about that field that interests you?

Click here to enter text.

Do you know about the availability of those jobs in this area? What is the occupational outlook for those jobs?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

When would you like to start an educational or training program?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

How long do you want to go to a school or training program? What is your timeframe for completing education or training?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Would you be interested in visiting some local programs (community college, four-year college, adult vocational training) to learn about different options for degrees and certificates?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Are there any other job training or educational opportunities that you would like to learn more about?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

**School Experiences**

“Let’s talk about some of your school experiences and how they were for you.”

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Comments |
| Being called on in class | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Social situations | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Taking tests | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Learning from lecture | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Learning by reading | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Learning hands on | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Concentration | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Memory | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Using computers | [ ]  Okay | [ ]  Problem | Click here to enter text. |

……………………………………………………………………………………………………………………………………………………………………………………

Did you have an IEP (individual education plan) while you were in school? Did that include different strategies to help you learn? What were those?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Were you in any advanced classes? Which ones?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Has anyone ever told you that you had a learning disability? What do you know about that? What accommodations have helped you in the past?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What are your strengths related to being a student?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What languages do you know?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

**Plans for School and Training**

What do you need in order to start school?

[ ] Access to a computer [ ] Computer literacy [ ] Quiet place to study [ ] Transit card

[ ] Financial aid [ ] Books/ supplies [ ]  Mental health support [ ] Help with transit route

[ ] Help studying [ ] Childcare [ ]  Help with a study calendar

[ ] Help navigating campus [ ] Help talking to teachers/instructors

[ ] Other: Click here to enter text.

Comments: Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What are your resources for paying for school tuition? For books? For other school costs?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Have you ever received financial aid for school? Have you ever had a grant? What type? Have you ever defaulted on a grant or student loan?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Do you need any type of classroom accommodations?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What other types of supports may help you succeed in school or training?

## Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Work Experience

**Most recent job** [ ] N/A – Person has no work experience

|  |  |
| --- | --- |
| Job title: | Click here to enter text. |
| Employer: | Click here to enter text. |
| Job duties: | Click here to enter text. |
| Start Date: | Click here to enter text. | End Date: | Click here to enter text. |
| How many hours per week: | Click here to enter text. |
| How did you find this job? | Click here to enter text. |
| What did you like about job? | Click here to enter text. |
| What did you dislike? | Click here to enter text. |
| What was your supervisor like? Your co-workers? | Click here to enter text. |
| Reason for leaving job? | Click here to enter text. |
| Other info about job: | Click here to enter text. |

……………………………………………………………………………………………………………………………………………………………………………………

**Next most recent job** [ ] N/A – Person has only had one job

|  |  |
| --- | --- |
| Job title: | Click here to enter text. |
| Employer: | Click here to enter text. |
| Job duties: | Click here to enter text. |
| Start Date: | Click here to enter text. | End Date: | Click here to enter text. |
| How many hours per week: | Click here to enter text. |
| How did you find this job? | Click here to enter text. |
| What did you like about job? | Click here to enter text. |
| What did you dislike? | Click here to enter text. |
| What was your supervisor like? Your co-workers? | Click here to enter text. |
| Reason for leaving job? | Click here to enter text. |
| Other info about job: | Click here to enter text. |

……………………………………………………………………………………………………………………………………………………………………………………

**Next most recent job** [ ] N/A – Person has only had two jobs

|  |  |
| --- | --- |
| Job title: | Click here to enter text. |
| Employer: | Click here to enter text. |
| Job duties: | Click here to enter text. |
| Start Date: | Click here to enter text. | End Date: | Click here to enter text. |
| How many hours per week: | Click here to enter text. |
| How did you find this job? | Click here to enter text. |
| What did you like about job? | Click here to enter text. |
| What did you dislike? | Click here to enter text. |
| What was your supervisor like? Your co-workers? | Click here to enter text. |
| Reason for leaving job? | Click here to enter text. |
| Other info about job: | Click here to enter text. |

……………………………………………………………………………………………………………………………………………………………………………………

**Military Experience**

|  |
| --- |
| [ ]  **Not applicable because person was not in the military** |
| Branch: | Click here to enter text. |
| Dates: | Click here to enter text. |
| Training or work experience: | Click here to enter text. |
| Certificate or license: | Click here to enter text. |

……………………………………………………………………………………………………………………………………………………………………………………

**Cultural Background**

**“Our agency aims to work with people from different backgrounds and with diverse experiences. The next set of questions will help me understand your background and culture, which may help us in planning for jobs.”**

What is important to you in terms of your background and culture? (i.e., race, ethnicity, color, gender, economic status, etc.)

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Which different languages do you speak? Which language do you prefer?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What special events or holidays do you celebrate? Are there family traditions that you still practice? How would you like your family involved as we move forward in the process of getting and keeping a job?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Is it important to you whether your work supervisor is male or female?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Have you ever felt discriminated against or treated unfairly when you were looking for work or on the job? Could you tell me about that?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

**Mental Health**

Date mental health assessments completed: Click here to enter text.

**GAD-7:** Click here to enter text. **Symptom Severity:** Choose an item.

**PHQ-9:** Click here to enter text. **Symptom Severity:** Choose an item. **Suicidal Ideation:** Click here to enter text.

**Suicide risk assessment and safety plan:** Click here to enter text.

**Canadian Personal Recovery Outcome Measurement (C-PROM) Adjusted Score:** Click here to enter text.

Has anyone ever told you that you have a mental illness? If so, what did they say?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

How does your mental illness affect you?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What are the first signs that you may be experiencing a symptom flare-up?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

How do you cope with your symptoms?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What medicines do you take and when do you take them?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

How do the medicines work for you?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Physical Health

How is your physical health? Do you have any health problems?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Do you have any problems with the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Standing for long periods |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |
| Can you stand for more than an hour? |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |
| Sitting |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |
| How long can you sit? | Click here to enter text. |
| Climbing stairs? |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |
| How many flights? How often? | Click here to enter text. |
| Lifting |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |
| How much can you lift? | Click here to enter text. |
| Endurance  |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |
| How many hours could you work each day? | Click here to enter text. |
| Each week? | Click here to enter text. |

……………………………………………………………………………………………………………………………………………………………………………………

What is the best time of day for you?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Cognitive Health

Do you have problems with memory?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Concentrating?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Doing things fast (psychomotor speed)?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

If so, what things have helped with these issues in the past?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Getting Ready for a Job

Do you have the clothes you will need for a job? For interviews?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Do you have an alarm clock or way to wake up for work?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Do you have two forms of identification? Picture ID, social security card…?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

How will you get to work?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Interpersonal Skills

Would you like a job that involved working with the public?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Where do you live and with whom do you live?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Who do you spend time with? How often do you see or talk to them?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Who can help us think about jobs you would enjoy?

Click here to enter text.

 [ ]  Appointment made with this person to discuss jobs.

 If not, why? Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Once you are employed, who would be a good person to support you?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Anyone else?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Benefits

Do you receive any of the following benefits?

[ ]  SSI [ ]  SSDI [ ]  Housing Subsidy [ ]  Food Stamps [ ]  TANF

[ ]  Retirement from previous job [ ]  VA benefits (combat related? [ ]  Yes)

[ ]  Spouse or dependent child receives benefits

[ ]  Medicaid [ ]  Medicare [ ]  Other benefits: Click here to enter text.

[ ]  Unsure which benefits s/he receives

[ ]  No benefits

……………………………………………………………………………………………………………………………………………………………………………………

Do you manage your own money?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

[ ]  Referral made to Ministry of Social Development Outreach Worker.

If no referral, why not: Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Disclosure

Please explain that each person using supported employment services can decide whether or not their provider will contact employers on their behalf.

What could be some of the advantages of having an employment specialist contact employers on your behalf?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What could be some of the disadvantages?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Are there any things that you would **not** want your employment specialist to share with an employer?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Do you know whether or not you would like your specialist to go ahead and contact employers on your behalf? (It is okay to change your mind at any time):

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

If you decided that the specialist should not contact employers, what things would you like him or her to do in order to help you find a job?

[ ]  Help with job leads [ ]  Help filling out applications [ ]  Help writing a resume

[ ]  Rides to job interviews [ ]  Practicing job interview questions and answers

[ ]  Help following up on applications [ ]  Other: Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Substance Use

How much alcohol do you drink?

Click here to enter text.

How often?

Click here to enter text.

Is there a particular time of day?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What drugs do you, or have you, used?

Click here to enter text.

How often?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Legal History

Have you ever been arrested?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Have you ever been convicted of a crime?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Conviction 1: | Year: | Click here to enter text. |
| Click here to enter text. | Sentence: | Click here to enter text. |
| Conviction 2: | Year: | Click here to enter text. |
| Click here to enter text. | Sentence: | Click here to enter text. |
| Conviction 3: | Year: | Click here to enter text. |
| Click here to enter text. | Sentence: | Click here to enter text. |
| Conviction 4: | Year: | Click here to enter text. |
| Click here to enter text. | Sentence: | Click here to enter text. |
| Conviction 5: | Year: | Click here to enter text. |
| Click here to enter text. | Sentence: | Click here to enter text. |
| What problems, if any, were you having in your life at the time of the offenses? | Click here to enter text. |
| Do you have any pending legal charges? If so, what charge? | Click here to enter text. |
| Parole Officer name: | Click here to enter text. | PO phone number: | Click here to enter text. |
| Do you have a copy of your rap sheet? |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |
| Do you want to get a copy of it? |

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes |

 |

……………………………………………………………………………………………………………………………………………………………………………………

## Daily Activity

What is a typical day like for you from the time you get up until you go to bed?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Are there places in your neighborhood that you like to go to?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

Do you belong to clubs, groups, a church, etc.?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What hobbies or interests do you have?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

What are your typical sleep hours? Do you have problems falling asleep, staying asleep or waking up? Nightmares?

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………

## Networking Contacts (Family, friends, previous employers, other)

Click here to enter text.

## Information from Family, Previous Employers or Others

Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature