**Vocational Assessment**

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| Ref. No. |  |

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| Date: |  |

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| **1. PERSON TO BE ASKED THIS INFORMATION. DO NOT FILL IN WHAT THEY CANNOT ANSWER.** |
| Name:  |  |
| Address: |  |
| Postcode:  |  |
| Tel. No.: |  |
| D.O.B.: |  |

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| **2. PLEASE TELL US THE TIME - STAFF MEMBER TO SHOW WATCH CARDS INCLUDED WITHIN VA1 BOX.** |
| Digital: |  |
| Numerical: |  |
| Roman Numerals: |  |
| What Time Is Your Lunch In School? |  |
| How Long Do You Have For Lunch? |  |

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| **3. DO YOU RECOGNISE THESE COINS? (SHOW COINS – YES/NO)** |
| £2 |  |
| £1 |  |
| 50p |  |
| 20p |  |
| 10p |  |
| 5p |  |
| 2p |  |
| 1p |  |

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| If you were allowed to take one coin for the shop, which one would you take? |  |
| If you were catching a bus and you had to pay £2.30, can you give me the right money? |  |
| If you were working in a shop and someone bought milk that cost 65p and they gave you a £1 how much change would you give them? |  |

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| **4. DO YOU RECOGNISE THESE LETTERS? (YES/NO)** |
| D |  |
| a |  |
| N |  |
| r |  |
| G |  |
| s |  |
| W |  |
| e |  |

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| **5. CAN YOU READ THE FOLLOWING? (YES/NO)** |
| Tom went to the shop. |  |

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| **6. CAN YOU WRITE DOWN THE LETTERS I READ OUT? (YES/NO)**Please refer to va1 sheet housed within clients file.  |
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| **7. CAN YOU COPY THESE WORDS?**Please refer to va1 sheet housed within clients file.  |
| Statement%203 |

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| **8. CAN YOU COPY WORDS THAT HAVE BEEN TYPED?**Please refer to va1 sheet housed within clients file.  |
| **Tom went to the cinema with Jack.** |

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| **9. PLEASE CAN YOU WRITE A SENTENCE?**Please refer to va1 sheet housed within clients file.  |
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| **10. DO YOU RECOGNISE THESE NUMBERS? (YES/NO)** |
| 7 |  |
| 12 |  |
| 13 |  |
| 76 |  |

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| **11. PLEASE ADD UP AND SUBTRACT THE FOLLOWING (ANSWERS ON GUIDANCE SHEET)**Please refer to va1 sheet housed within clients file.  |
| **PLEASE ADD UP THE FOLLOWING:**3 + 6 =   21+ 42\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLEASE SUBTRACT THE FOLLOWING:**7 – 2 =  79- 52\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **12. DEXTERITY TEST** **SAMPLE 1 GROSS DEXTERITY TESTING**Staff member to remove foam shapes from “rods” and spread out onto table. |
| **ASK PERSON TO POINT AND NAME:** |
| **a)SHAPES** (Circle, Triangle, Oblong, Square) | **DETAILS:**eg. Comment on errors/errors corrected, shape recognition |
| **b) COLOURS** (Blue, Purple, Yellow, Red, Green)  | **DETAILS:** |
| **GROSS MOTOR SKILLS**(Test to be completed twice for standardisation) |
| **ASK PERSON TO PLACE THE 5 MATCHING SHAPES ON TO THE CORRESPONDING RODS ON THE BOARD, IN THE SAME COLOUR SEQUENCE EACH TIME.**  |
| **TEST 1** | (No. Correct Out Of 20): |
| **TEST 2**  | (No. Correct Out Of 20): |
| **COMMENTS**: eg. Errors/errors corrected, speed 1st and 2nd test/ shape matching, overall dexterity, ease or difficulty, colour sequence matching. |  |

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| **13. DEXTERITY****SAMPLE 2 - FINE MOTOR SKILLS** (Maximum 2 minutes per test, sample 2 tests) |
| **ASK PERSON TO PLACE THE 5 MATCHING SHAPES ON TO THE CORRESPONDING RODS ON THE BOARD, IN THE SAME COLOUR SEQUENCE EACH TIME.**  |
| **TEST 1** | (No. Correct Out Of 10): |
| **TEST 2**  | (No. Correct Out Of 10): |
| **COMMENTS**: E.g. dexterity / colour matching / correct position on board: |  |

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| **14. HOW WOULD YOU FEEL IF:** |
| A teacher watches you work? |  |
| Others are watching you?  |  |

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| **15. WHY IS IT IMPORTANT TO ARRIVE TO SCHOOL ON TIME?** |
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| **16. AT WHAT TIMES IS IT OK TO STOP WORK AND RELAX?** |
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| **WHY MUST IT ONLY BE AT THOSE TIMES?** |
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| **17. WHY DO YOU THINK YOUR SCHOOL HAS RULES?**(Staff member to ask for an example) |
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| **18. WHY DO BELLS, BUZZERS OR ALARMS SOUND IN A WORKPLACE?** |
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| **19. WHAT WOULD YOU DO IF:** |
| You felt ill  |  |
| You need to go to the toilet  |  |

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| **20. IF YOU DO NOT UNDERSTAND SOMETHING IN CLASS, WHAT WOULD YOU DO AND WHY?** |
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| **IF YOU WERE DOING SOMETHING IN WORK AND YOU MADE A MISTAKE** **WHAT WOULD YOU DO?** |
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| **21. HOBBIES AND INTERESTS**What do you enjoy doing in your spare time? |
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| What things do you dislike? |
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| **22. TRAVEL TO WORK**Would you mind working in… (give options of areas): |
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| Do you use public transport on your own when you are not in school? |
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| If so where have you travelled to |
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| Do you hold a bus pass? |
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| **23. WORKING ENVIRONMENT**Are you prepared to work: |
| Indoors |  |
| Outdoors |  |
| Where it is hot |  |
| Where it is cold |  |
| Where it is clean |  |
| Where it is dirty |  |
| In a small group |  |
| With lots of people |  |
| And be active |  |
| And be non-active |  |
| Where you’ll be standing |  |
| Where you’ll be sitting |  |
| In a large place |  |
| In a small place |  |
| In a noisy place |  |
| In a quiet place |  |
| Any other preferences(Eg lifts, phobias, escalators) |  |

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| **24. POSSIBLE JOBS**What job would you like to do? |
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| What duties do you think are included in this job? |
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| **25. JOBLIST**Note if client has experience.  |
| **Animal Care** Kennels/Cattery Pets Shop Stables Farm Grooming  |  |
| **Caring**Elderly Children  |  |
| **Cleaning**Indoor Outdoor  |  |
| **Factory**  |  |
| **Hotel & Catering**Collecting Glasses / Clearing Tables Housekeeper Food PreparationKitchen Assistant Waiter / Waitress  |  |
| **Miscellaneous**Working In A Flower ShopHairdressing Sport & Leisure AssistantLaundry  |  |
| **Office Work**  |  |
| **Active Work**Car Valeting Caretaker Assistant Drivers Mate Farm Labourer Gardening Groundsperson Recycling Garage Worker  |  |
| **Retail**Shop Floor (Give Examples, Customer Contact) Trolley Collector Warehouse/Deliveries (Non Customer Contact) |  |
| **Other (Please Specify)** |  |

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| **26. PREFERRED JOB CHOICES (INCLUDING ENVIRONMENT)** |
| 1st choice 2nd choice 3rd choice  |  |

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| **27. POSSIBLE EMPLOYERS FOR CHOICES** |
| 1st choice 2nd choice 3rd choice  |  |

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| **28. CLIENT SIGNATURE** |
| Name of jobseeker |  |
| Date |  |

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| **29. ATTRIBUTES**Based on all of the above information that you have just gathered, please complete the following for the client: |
| Appearance: Motivation: Concentration: Pace: Follow instructions: Maturity: Punctuality: Physical stature:  |  |

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| **30. FOR OFFICIAL USE ONLY** |
| Relevant interview notes (these should include brief comments on the jobseeker's appearance, communication skills, attitude, concentration, understanding of paid employment / ability to choose or receive advice on realistic job choices): |
| Start time of application form |  |
| Finish time of application form |  |
| Name of e.t.c. |  |
| Date: |  |