**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 Preparation  Kitchen Assistant  Waiter / Waitress |  |
| **Miscellaneous**  Working In A Flower Shop  Hairdressing  Sport & Leisure Assistant  Laundry |  |
| **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: |  |