



IPS Universal Career Profile

This tool is to be completed by the IPS Specialist, typically but not always, within the first few weeks of meeting someone. During this time, the IPS Specialist uses this tool to elicit conversation and learn about career preferences. Sources of information include: the person, the treatment team, clinical records, and with permission, family members and previous employers. The profile should be updated with each new job and education experience using supplemental job start, job end, and education experience forms. Additional updates can be included in this document, as well as in progress notes and/or reports for Vocational Rehabilitation.

Date(s) of Career Profile: **Click here to enter text.**

Career Profile Updates: xx/xx/2023 & xx/xx/2024

Name: **Click here to enter text.**

Pronouns: **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/Other: **Click here to enter text.**

State Vocational Rehabilitation counselor: **Click here to enter text.**

Referral sent to State Vocational Rehabilitation

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

Family/friends/other support people: **Click here to enter text.**

In the event that we are unable to contact you, may we contact one of the support people listed above? Who would you want us to reach out to first? **Click here to enter text.**

Release of Information completed for IPS support person

Where in the community would you like to meet for our meetings? (*home, work, library, coffee shop*) **Click here to enter text.**

Work Goal

What are your strengths? (*What do you enjoy doing? What compliments have you received? How do you interact with technology on a regular basis?*) **Click here to enter text.**

What is your dream job? What kind of work have you always wanted to do? **Click here to enter text.**

What type of job do you think you would like to have now? (*What appeals to you about that type of work? What job would you not want? Is there anything that worries you about working a job? What do you hope to get out of working a job?*) **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.**

Tell me about your education history: **Click here to enter text.**



Tell me about any vocational training you have had: **Click here to enter text.**

How do you learn best? *(By reading, listening, trying things out yourself? Did you have any accommodations in school? What subjects did you like best/least? Were you in any advanced classes? Were you recognized for anything special?)*
Click here to enter text.

Do you have copies of the degrees, licenses, certificates that you have earned? **Click here to enter text.**

What training, such as certificates, licenses, or degrees, will support your work goal? **Click here to enter text.**

Would you like to learn more about different occupations and what occupations are growing in our area? *(Share examples of career exploration including visiting businesses, informational interviewing, visiting training or educational programs...)* **Click here to enter text.**

Would you like assistance learning about financial aid opportunities for education programs? **Click here to enter text.**

Work Experience

Favorite 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? **Click here to enter text.**

Your co-workers? **Click here to enter text.**

Reason for leaving job? **Click here to enter text.**

Who supported you, or what supports did you have for this job : **Click here to enter text.**

Second favorite 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? **Click here to enter text.**

Your co-workers? **Click here to enter text.**

Reason for leaving job? **Click here to enter text.**



Who supported you, or what supports did you have for this job : [Click here to enter text.](#)

Least favorite 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? [Click here to enter text.](#)
 Your co-workers? [Click here to enter text.](#)
 Reason for leaving job? [Click here to enter text.](#)
 Who supported you, or what supports did you have for this job : [Click here to enter text.](#)

Another job you did not like

N/A – Person has only had three 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? [Click here to enter text.](#)
 Your co-workers? [Click here to enter text.](#)
 Reason for leaving job? [Click here to enter text.](#)
 Who supported you, or what supports did you have for this 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

Use the following script to introduce the next set of questions to the person:



“Your cultural background and story are important to help learn who you are and how employment/education fits into your life. There are no right or wrong answer to these questions, anything you want to share with me is valuable.”

Describe what you think about when asked about your cultural background: **Click here to enter text.**

How do you identify yourself (*race ethnicity, gender, color, economic status*)? **Click here to enter text.**

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.**

Are there any cultural norms that would assist you feeling comfortable at work/school? **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? **Click here to enter text.**

Is it important to you whether your work supervisor/teacher is male/female/non-binary? **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.**

Health

Please tell me about your mental health. **Click here to enter text.**

What helps you manage symptoms? **Click here to enter text.**

How does your physical health impact you? **Click here to enter text.**

What would help you manage substance use so that you can be productive and safe at work or school? No concern
Click here to enter text.

How do you remember appointments? **Click here to enter text.**

How would you rate your ability to concentrate? **Click here to enter text.**

If either of the above are problems, what helped with these issues in the past? **Click here to enter text.**

Social Strengths

What are your social strengths? (*How do you work with others on a job? What are your preferences for a social environment? Describe the personality of a supervisor/teacher whom you would enjoy. What helps you to have positive interactions with others?*) **Click here to enter text.**

Personal Relationships: Who supports you? Who would you call first if you got offered a job tomorrow?
Click here to enter text.

Where do you live now? (*Alone, with family, supported housing?*) **Click here to enter text.**



Benefits

Do you receive any of the following benefits? No benefits

SSI SSDI Housing Subsidy SNAP 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 received

Do you know how work will affect your benefits? Do you know about work incentives? [Click here to enter text.](#)

Referral made to benefits planner. When: [Click here to enter text.](#)

If no referral, why not: [Click here to enter text.](#)

Would it help if I came to the appointment with you? [Click here to enter text.](#)

Would it help if I helped you request your benefits verification (BPQY) from Social Security Administration to move this process faster? [Click here to enter text.](#)

Preference for Disclosure (personal information to be shared with employer)

Please explain that each person using IPS services can decide whether or not their specialist will contact employers or education programs on their behalf and that they can change their mind at any time.
Give examples of how their information may be shared at the beginning of this discussion.

What could be some of the advantages of having an IPS specialist contact employers or education programs on your behalf? [Click here to enter text.](#)

What could be some of the disadvantages? [Click here to enter text.](#)

If you decided to share information with an employer or education program, what would you want to share and what would you want to keep private? (*Information about where the IPS specialist works, information about mental health, legal history, other disabilities, other information...*) [Click here to enter text.](#)

Your preferences for disclosure (*when, who, under what conditions...*): [Click here to enter text.](#)

Planning for Pre-employment Screening Process

Do you have any concerns about a pre-employment screening (*legal history, substance use test, suspended license...*)? [Click here to enter text.](#)

Do you have any restrictions regarding where you can work or go to school? When you are available? [Click here to enter text.](#)

Would you like help learning what is on your legal record? [Click here to enter text.](#)

Do you have any pending legal charges? [Click here to enter text.](#)

Would it help if I let your probation officer know that we are looking for a job/school together? [Click here to enter text.](#)



Your Daily Routines

What is your daily routine? *(Include the person's sleep hours, self care, responsibilities, etc.)* **Click here to enter text.**

What would be a perfect day for you—including work/school? **Click here to enter text.**

What time of day do you feel your best? **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.**



Job Search Plan

Initial Date:	Click here to enter text.	Updated On:	Click here to enter text.
----------------------	---------------------------	--------------------	---------------------------

Job Seeker's goal in their own words:
Click here to enter text.

Job Seeker's Preferences *Begin by selecting a preference, followed by typing the individualized response.*

<u>Choose Preference.</u>	<u>Choose Preference.</u>	<u>Choose Preference.</u>	<u>Choose Preference.</u>	<u>Choose Preference.</u>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Strengths (*personal strengths, natural supports, and resources*) **that will support the success of the goal?**
Click here to enter text.

Needs/Objectives	Steps to Achieve Goal	Responsible Parties/Supports	Successful Outcome(s)	Target Date
<u>Choose a Need/Objective</u>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<u>Choose a Need/Objective</u>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<u>Choose a Need/Objective</u>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<u>Choose a Need/Objective</u>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.



Job Support Plan

Initial Date:	Click here to enter text.	Updated On:	Click here to enter text.
----------------------	---------------------------	--------------------	---------------------------

Job goal in worker's own words:
Click here to enter text.

What does work success look like?
Click here to enter text.

Who is the first person you would call if you wanted to talk about your job?
Click here to enter text.

Support Preferences *Begin by selecting a preference, followed by typing the individualized response.*

<u>Choose Preference</u>	<u>Choose Preference</u>	<u>Choose Preference</u>	<u>Choose Preference</u>	<u>Choose Preference</u>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Strengths (*personal* strengths, natural supports, and resources) **that will support the success of the goal:**
Click here to enter text.

If I lose contact with you, what's the best way to connect with you?
Click here to enter text.

Needs/Objectives	Steps to Achieve Goal	Responsible Parties/Supports	Successful Outcome(s)	Target Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.