# My Employment Planning Workbook

A Resource to Use with the Self-Directed Employment Planning On-line Modules

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# **Purpose of the Workbook**

This workbook goes with the Self-Directed Employment Planning On-line Modules. The module series and workbook were developed to help you to learn about planning for employment, set an employment goal, and then create a plan to reach your goal.

#### **About the Authors**

Nancy Farnon-Molfenter, Ph. D. Candidate serves as a project associate for inControl Wisconsin and APSE through funding provided by The Wisconsin Board for People with Developmental Disabilities and The Management Group. Current projects include: Self-Directed Employment Planning, Let's Get To Work, and Employment First. She holds a Master's degree in Special Education from Northeastern University and has been working in the field of disability services for over twenty years. Nancy has worked as a special educator, transition coordinator, and administrator for employment and home support agencies. Nancy also provides training and technical assistance in the areas of transition for students with intellectual and developmental disabilities, self-directed employment planning, job coaching, and family engagement for job seekers, teachers, family members and other employment support professionals. She has been involved from the onset in the effort to create an Employment First Initiative in WI. In addition to project work, Nancy is currently acting as the edTPA coordinator with the School of Education at the University of Wisconsin-Madison and completing her Ph.D. in the department of Rehabilitation Psychology and Special Education there. Nancy strives to support the aim of fully inclusive schools, communities, and workplaces.

Since 1993, Shannon Munn-Huff's work has been focused on integrated employment, self-determination and self-directed supports for people with disabilities. Over the years, Shannon has worked as a job coach, job developer, supported employment program manager, support broker, project consultant, and trainer. Shannon is an Associate with inControl Wisconsin and a member of the WI APSE Board of Directors. Since 2007, Shannon has been under contract with state partners including the WI Department of Health Services (Medicaid Infrastructure Grant), The Management Group (TMG), and the WI Board for People with Developmental Disabilities (BPDD) to implement systems change, develop resources, and provide training and technical assistance to increase integrated employment and self-directed supports throughout Wisconsin. Throughout her career, Shannon has collaborated with the Division of Vocational Rehabilitation, Managed Care Organizations, the IRIS Program, Independent Living Centers, and Employment Service Agencies, as well as self-advocates and family groups across the state to make changes that have a positive impact on the lives of people with disabilities.

(This section goes with Module 1: Everyone Can Work – History and Myths)

| 1) I v | want to work so I can: <i>(circ</i>  | le all of the answers that       | fit for you)                |
|--------|--------------------------------------|----------------------------------|-----------------------------|
| E      | arn Money                            | Be Productive                    | Meet New People             |
| L      | earn New Things                      | Get Out More                     | Help Others                 |
| C      | Other Reasons:                       |                                  |                             |
| 2) I a | am worried that I: <i>(circle al</i> | ll that fit for you)             |                             |
| ٧      | Von't Get Hired                      | Won't Be Able to<br>Handle a Job | Have No Way To/From<br>Work |
| N      | Night Lose Benefits                  | Won't Like the Job               | Won't Like the Boss         |
| C      | Other Things:                        |                                  |                             |
| 3) Pe  | eople who support my des             | ire to work are:                 |                             |
| a      |                                      |                                  |                             |
| b      |                                      |                                  |                             |
| C      |                                      |                                  |                             |
| d      |                                      |                                  |                             |
| е      |                                      |                                  |                             |

(This section goes with Module 2: A Working Life)

1) I think work will help me:

Have More Money Make New Friends Be Healthier

Be Happier Feel Better About Myself Build Connections

Other Things:

2) Module 2 also helped me think about working for someone else (at a business) or working for myself. The following chart lists a few things to consider.

Put a star next to the descriptions that sound good.

| WORK FOR A BUSINESS   | $\stackrel{\wedge}{\sim}$ | WORK FOR MYSELF  | <b>☆</b> |
|---|---------------------------|--|----------|
| Schedule provided to me   |                           | Make my own schedule   |          |
| Same wage for each hour I work  |                           | Wages depend on work I do or how much I sell                         |          |
| Amount of money I make will be the about the same each month (predictable income) |                           | Amount of money I make can change each month (not as predictable)    |          |
| Follow directions from boss   |                           | I decide how much to work and when                                   |          |
| Responsible mainly for my job   |                           | I am responsible for running the business or finding someone to help |          |

| TOTAL FOR THIS SIDE TOTAL FOR THIS SIDE |  |
|---|--|
|---|--|

If you like more things on the 'Work for A Business' side, you probably want to look for job. If you like more things on the 'Work for Myself' side, you might want to consider starting your own business.

(This section goes with Module 3: Thinking about YOUR Future)

1) Some places I like to go are:

2) Some things I like to do are:

2.
 3.

4.5.

| 1.   |   |
|--|---|
| 2.   |   |
| 3.   |   |
| 4.   |   |
| 5.   |   |
| 3) Some things I am good at doing are:  1.   |   |
| 2.   |   |
| 3.   |   |
| 4.   |   |
| 5.   |   |
| 6.   |   |
| 7.   |   |
| 8.   |   |
|  | _ |
| Look at the list of places you like to go, things you like to do, and things you are good at doing. This page will give you an idea of your Interests & Transferrable Skills and the types of places you might want to work. |   |
| Transferrable Skills are the things you are good at doing that are similar to tasks you can do for pay at a job.   |   |

| 4) How do I need support?      |                      |                                 |
|--------------------------------|----------------------|---------------------------------|
| In my community:               |                      |                                 |
| Places I go and things I do:   | With Who?            | How they help me:               |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
| At school:                     |                      |                                 |
| Places I go and things I do:   | With Who?            | How they help me:               |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
| At home:                       |                      |                                 |
| Places I go and things I do:   | With Who?            | How they help me:               |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
| At jobs or volunteer positions | :                    |                                 |
| Places I go and things I do:   | With Who?            | How they help me:               |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
|                                |                      |                                 |
| The chart above can help you   | figure out the types | s of things you might need help |

The chart above can help you figure out the types of things you might need help with at a job. It can also give you more ideas about where you might want to work and the kind of job that will match your interests and skills.

| 5) What kinds of jobs do I know about that can                    | use my interests and skills?       |
|---|------------------------------------|
| 1.  |                                    |
| 2.  |                                    |
| 3.  |                                    |
| 4.  |                                    |
| 5.  |                                    |
| 6) From the list above, what are my top 2 choice                  | ices?                              |
| 1.  |                                    |
| 2.  |                                    |
| 7) For the jobs that I am interested in, what is                  | the starting pay in my area?       |
| \$ per hour or \$ per   | ryear                              |
| 8) If I want to be self-employed, how much mobusiness each month? | oney do I think I can earn from my |
| \$ per month  |                                    |
| 9) Do I want to work somewhere there is oppo<br>money? Yes or No  | ortunity to advance and earn more  |
| 10) Do I want a job with benefits? Yes or No                      | o                                  |
| If so, which ones: (check all that you want)                      |                                    |
| ☐ Paid Vacation Time  | ☐ Flex Spending                    |
| ☐ Paid Sick Time  | ☐ Retirement                       |
| ☐ Health Insurance  | ☐ Pension                          |
| ☐ Dental Insurance  | ☐ Other:                           |
| ☐ Short Term Disability Insurance                                 |                                    |
| _ Short refin bisability insurance                                |                                    |

| My Ideal Conditions for Work Are:                     |
|---|
| Type of work:   |
| Hours per week I want to work:                        |
| Days of the week:                                     |
| Times of day:   |
| Location/part of town:                                |
| Large, medium-sized, or small business:               |
| Level of teamwork (limited, medium amount, a lot):    |
| Amount of variety (a little, a medium amount, a lot): |
| Wages/Benefits:                                       |

It will be important to find out if the types of jobs you think you want match with your ideal conditions. Circle 2 or 3 things on the list above that are important for you. These are your 'Non-negotiables' – or the things you feel you must have at your job. Just remember, these can change over time and you can decide to try a job even if all of the things you circled above are not met.

|      | Talking to someon            | e at my High School                               |                          |
|------|------------------------------|---|--------------------------|
|      | Visiting the local Jo        | ob Center   |                          |
|      | Meeting with som             | eone at my local Community C                      | ollege                   |
|      | Searching on the c           | omputer   |                          |
|      | Talking with peopl           | e I know about what they do                       |                          |
|      | Asking one or mor            | e businesses for tours                            |                          |
|      | Making calls to set          | up informational interviews                       |                          |
|      | Contacting busines           | sses to set up job shadows                        |                          |
|      | Asking one or mor            | e businesses to do a working jo                   | ob tour (to try out jobs |
|      | Other ideas I have           | :   |                          |
| ·    | ing Businesses               | th the things I checked above: ( Using a Computer | Making Calls             |
| Gett | ing to Meetings              | Gathering Information                             | Help at Meetings         |
|      |                              |   |                          |
| Othe | er:                          |   |                          |
|      | er:<br>o can I ask to help m | e?  |                          |

(This section goes with Module 4: Overcoming Barriers to Employment)

Hopefully, completing Module 3 helped you think about your interests and skills, the types of places you might like to work, the type of job you might want, and ways to check out jobs in your area.

| that you feel apply to you)  | ipioyment are. (check dii |
|--|---------------------------|
| ☐ Lack of Work Experience  |                           |
| ☐ Not sure what I want to do   |                           |
| ☐ Little or No Education/Job Training  |                           |
| ☐ Lack of Transportation   |                           |
| ☐ Need for Assistive Technology (Equipment)  |                           |
| ☐ Other:   |                           |
|  |                           |
| 2) From the things I checked above, I can work to overce employment by (circle all that sound good to you) | come my barriers to       |
| Creating a Resume or developing a Portfolio  | Volunteering              |
| Seeking an Internship or Work Experience   | Going on Business Tours   |
| Setting up Informational Interviews  | Asking for Job Shadows    |
| Asking about Requirements for Jobs   | Looking into Job Training |
| Getting Information about Transportation Options   |                           |
| Talking to Someone about my Assistive Technology   | Needs                     |
| Other:   |                           |

| Overcoming I | Lack of Work | Experience or | Uncertain | Goals: |
|--------------|--------------|---------------|-----------|--------|
|--------------|--------------|---------------|-----------|--------|

|           | hat I have done:   | Where I did those things:   | Skills I developed:    |
|-----------|--|---|------------------------|
|           |  |   |                        |
|           |  |   |                        |
|           |  |   |                        |
|           |  |   |                        |
|           |  |   |                        |
|           |  |   |                        |
|           |  |   |                        |
|           |  |   |                        |
|           |  | on from the chart above to c  | · ·                    |
| • •       | •  | ng the "functional" format th<br>an do for an employer.  Resu   | •                      |
|           | electronic.  |   |                        |
|           |  |   |                        |
|           | aine Lack of Educa   | tion on lob Training.   |                        |
|           | ning Lack of Educa   | tion or Job Training:   |                        |
| Overcon   | 3  | S   |                        |
|           | J  | nt, what education or trainin   | g do I need to have?   |
|           | J  | · ·   | g do I need to have?   |
|           | J  | · ·   | g do I need to have?   |
| 3) For th | e kind of job I war  | nt, what education or training  |                        |
| 3) For th | e kind of job I war  | nt, what education or training  |                        |
| 3) For th | do I want to talk to   | nt, what education or training the education ce Services at the College   | n and training I need? |
| 3) For th | do I want to talk to<br>Disability Resource<br>My teacher or so  | o about getting the education<br>ce Services at the College<br>meone else at my high schoo                                  | n and training I need? |
| 3) For th | do I want to talk to<br>Disability Resourc<br>My teacher or so<br>The Division of Vo                     | o about getting the education<br>ce Services at the College<br>meone else at my high schoo<br>ocational Rehabilitation (DVR | n and training I need? |
| 3) For th | do I want to talk to<br>Disability Resource<br>My teacher or so<br>The Division of Vo<br>My family membe | o about getting the education<br>ce Services at the College<br>meone else at my high schoo<br>ocational Rehabilitation (DVR | n and training I need? |

| Overcoming Transportation Barriers:  |
|--|
| 5) Which transportation options do I have available to me now?  □ Bus  |
| □ Taxi   |
| ☐ Ride Share program   |
| ☐ Friends & family - who:  |
| ☐ Driver's license and my own car  |
| ☐ Specialized transportation   |
| ☐ Support provider   |
| ☐ Other:   |
| If you are not sure about any of the transportation options listed above, you can  |
| ask someone to help you check into your options and help you figure out how you can get to and from work.  |
|  |
| can get to and from work.  |
| can get to and from work.  Addressing the Need for Assistive Technology:  6) Do I want to explore how using Assistive Technology or Adaptive Equipment   |
| can get to and from work.  Addressing the Need for Assistive Technology:  6) Do I want to explore how using Assistive Technology or Adaptive Equipment might help me at a job? Yes or No   |
| Can get to and from work.  Addressing the Need for Assistive Technology:  6) Do I want to explore how using Assistive Technology or Adaptive Equipment might help me at a job? Yes or No  If yes, I would like to: (check all that apply)  |
| Addressing the Need for Assistive Technology:  6) Do I want to explore how using Assistive Technology or Adaptive Equipment might help me at a job? Yes or No  If yes, I would like to: (check all that apply)  Meet with the Assistive Technologist at the Independent Living Center  |
| <ul> <li>can get to and from work.</li> <li>Addressing the Need for Assistive Technology:</li> <li>6) Do I want to explore how using Assistive Technology or Adaptive Equipment might help me at a job? Yes or No</li> <li>If yes, I would like to: (check all that apply)</li> <li>☐ Meet with the Assistive Technologist at the Independent Living Center</li> <li>☐ Talk with my high school transition coordinator or special education teach</li> </ul>   |
| Addressing the Need for Assistive Technology:  6) Do I want to explore how using Assistive Technology or Adaptive Equipment might help me at a job? Yes or No  If yes, I would like to: (check all that apply)  Meet with the Assistive Technologist at the Independent Living Center Talk with my high school transition coordinator or special education teach Talk with my Disability Resource Services staff at the college Talk with my Case Manager, IRIS Consultant, or Support Broker Meet with my DVR Counselor |
| Addressing the Need for Assistive Technology:  6) Do I want to explore how using Assistive Technology or Adaptive Equipment might help me at a job? Yes or No  If yes, I would like to: (check all that apply)  Meet with the Assistive Technologist at the Independent Living Center  Talk with my high school transition coordinator or special education teach  Talk with my Disability Resource Services staff at the college  Talk with my Case Manager, IRIS Consultant, or Support Broker                         |

(This section goes with Module 5: Dealing with Public Benefits)

As you plan for employment, you should set up an appointment with a Work Incentives Benefits Specialist in your area. The Resource Guide that goes with the on-line modules has information about what those people do and where to find one. Taking the information you write down in this section of the Workbook will be helpful to getting your Benefits Analysis completed. This is a very important step in your employment planning process. Get help with this step as needed. 1) What benefits do I have? (check all that apply) ☐ Housing assistance \$ ☐ Supplemental Security Income (SSI) and Medicaid \$\_\_\_\_\_ ☐ Heating Assistance \$ ☐ Food Share \$\_\_\_\_\_ ☐ Medicaid through Medicaid Purchase Plan (MAPP) ☐ Other: ☐ Medicaid through another source (for example through the county economic support office) ☐ Social Security Disability Insurance (SSDI) \$\_\_\_\_ ☐ Medicare

For benefits you get, list the amount per month. If you are not sure what benefits you have or the amount you get, ask someone to help you find out.

| •         |                     | •                            | selor to inclu<br>t plan with D\ |                       |               |              |
|-----------|---------------------|------------------------------|----------------------------------|-----------------------|---------------|--------------|
| 3) Where  | is the nea          | rest Work In                 | centive Benef                    | its Specialist        | (s)?          |              |
| -         |                     | ok up resourd<br>one near yo | ces for the Re<br>u.             | source Guide          | e that goes w | vith the on- |
| 4) What a | are my bigg         | gest concerns                | s about my be                    | enefits?              |               |              |
| Look bac  | k at Section        | n 3 of this wo               | orkbook if nee                   | eded when co          | ompleting qu  | estions 5-8. |
| 5) The nu | ımber of <b>h</b> o | ours per day                 | I would like t                   | o work: <i>(circi</i> | le your ideal | number)      |
| 2         | 3                   | 4                            | 5                                | 6                     | 7             | 8            |
| 6) The nu | ımber of <b>d</b> a | ays per week                 | ( I would like                   | to work: <i>(cir</i>  | cle your idea | number)      |
| 1         | 2                   | 3                            | 4                                | 5                     | 6             |              |
| 7) My ide | al number           | of work <b>hou</b>           | <b>rs per week</b> i             | s:                    |               |              |
| 10        | 15                  | 20                           | 25                               | 30                    | 35            | 40           |
| =         |                     |                              | per day and<br>eal number o      | -                     | -             | -            |
| (         | hours worl          | k per day) x                 | (days per we                     | ek) =h                | nours per we  | ek           |

| jobs I am inte                                      |  |  |   |
|---|--|--|---|
| \$7.25-\$8  | \$8-\$9  | \$9-\$10   | \$10-\$11   |
| \$11-\$12   | \$12-\$13  | Other \$ amount:   |   |
| 9) Approximate                                      | Monthly Income (co   | alculate the following w   | ith help as needed)   |
| Hours I want to wo                                  | ork each week  |  |   |
| Multiplied by start                                 | ing wage for the work I  | am interested in   | x \$  |
| Equals weekly inco                                  | me   |  | \$  |
|   |  | 52 weeks per year = \$<br>\$(my monthly  |   |
|   |  | Ф <u></u> (m, menem,   | meome,  |
| _   |  | <u> </u>   |   |
| month when yo benefits analysi                      | ximate amount of m<br>u start working. No<br>s with a trained Wo                         | noney you will make ead<br>ow, you can take this info<br>rk Incentives Benefits Sp<br>each month by working.     | ch week, year, and<br>ormation to your<br>pecial to see about how |
| month when yo<br>benefits analysi<br>much extra mor | ximate amount of m<br>u start working. No<br>s with a trained Wo<br>ney you could have o | noney you will make ead<br>ow, you can take this info<br>rk Incentives Benefits Sp                               | ch week, year, and<br>ormation to your<br>pecial to see about how |
| month when yo benefits analysi much extra mor       | ximate amount of m<br>u start working. No<br>s with a trained Wo<br>ney you could have o | noney you will make each w, you can take this informatives Benefits Speach month by working at need extra money? | ch week, year, and<br>ormation to your<br>pecial to see about hov |
| month when yo benefits analysi much extra mor       | ximate amount of mu start working. No s with a trained Woney you could have a            | noney you will make each w, you can take this informatives Benefits Speach month by working at need extra money? | ch week, year, and ormation to your becial to see about how       |
| month when yo benefits analysi much extra mor       | ximate amount of mu start working. No s with a trained Woney you could have a            | noney you will make each w, you can take this informatives Benefits Speach month by working at need extra money? | ch week, year, and ormation to your becial to see about how       |
| month when yo benefits analysi much extra mor       | ximate amount of mu start working. No s with a trained Woney you could have a            | noney you will make each w, you can take this informatives Benefits Speach month by working at need extra money? | ch week, year, and ormation to your becial to see about how       |

8) How much money **per hour** do I want to make based what I know about the

The following is a list of Work Incentives that you might want to find out about if you get Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

| rec | eive <b>SSI</b> , and I am interested in learning about:   |
|-----|--|
|     | <b>Student Earned Income Exclusion</b> - allows students who are working and under the age of 22 to earn a certain amount of income each month or each year without affecting their SSI payment.   |
|     | <b>Continuation of Medicaid Coverage under 1619(b):</b> allows SSI beneficiaries who no longer receive a cash payment due to earnings to continue their Medicaid coverage until they reach the state threshold of just over \$32,000 per year in earnings. |
|     | Impairment Related Work Expenses (or IRWEs): allow SSI beneficiaries to deduct the expenses of items or services for which they pay for that are related to their disability and needed to maintain employment.  |
|     | <b>Blind Work Expense:</b> allows SSI beneficiaries who are blind to deduct expenses for items or services need for work, but these do not have to be related to the person's visual impairment.   |
|     | Plan to Achieve Self-Support (or PASS): a written plan that allows people to set aside income that would normally reduce their SSI payment to purchase items or services to achieve a work goal.   |
|     | <b>Property Essential for Self-Support:</b> allows people who are on SSI to own resources and equipment necessary to be self-supporting with work or self-employment.  |

| rec | ceive <b>SSDI</b> and I am interested in learning more about:   |
|-----|---|
|     | <b>Trial Work Period:</b> allows SSDI beneficiaries to test their ability to return to work for 9 months without affecting the SSDI payment.  |
|     | <b>Extended Period of Eligibility:</b> the 36 month period after the trial work months when a person can work and still receive benefits for any month that his/her earnings drop below Substantial Gainful Activity (SGA).                             |
|     | <b>Extended Period of Medicare Eligibility:</b> allows SSDI beneficiaries to keep their Medicare insurance coverage for 7 years 9 months after using Trial Work Periods and continuing to work.   |
|     | Expedited Reinstatement: the period of 5 years after benefits stop that a person can ask to have his/her benefits restarted immediately if he/she stops working.  |
|     | <b>Subsidies and Special Conditions:</b> are supports or exclusions provided by employer, co-worker, service provider, or vocational rehabilitation that could be factored in when determining if a person is working at Substantial Gainful Activity.  |
|     | <b>Impairment Related Work Expense:</b> are expenses that a person pays for that are related to their disability that they need for maintaining work. These expenses are deducted from gross earnings when figuring Substantial Gainful Activity (SGA). |
|     | <b>Blind Work Expense:</b> allows a person who is blind to deduct the expenses related to work when determining Substantial Gainful Activity (SGA). These expenses do not have to be related to the person's visual impairment.                         |
|     | <b>Plan to Achieve Self-Support (PASS):</b> is a written plan that allows a person to set aside SSDI income, and begin to receive SSI and Medicaid, for a specified period of time to purchase items or services while they pursue an employment goal.  |

(This section goes with Module 6: People to Help)

1) Who are the people I want to have on my employment planning team?

| FRIENDS | PROFESSIONALS |
|---------|---------------|
|         |               |
|         |               |
|         |               |
|         |               |
|         |               |
|         | FRIENDS       |

2) What are the things that I will need help with and who will help me?

Write the person's name on the chart below next to tasks you checked. If you need to find someone to help, put a check mark in the last column for that task.

| STEPS TO EMPLOYMENT  | HELP<br>NEEDED | WHO WILL HELP | NEED TO<br>FIND<br>SOMEONE |
|--|----------------|---------------|----------------------------|
| Thinking about what I like to do and what I am good at doing |                |               |                            |
| Deciding what kind of job I want                             |                |               |                            |
| Figuring out connections I can use                           |                |               |                            |
| Setting up informational interviews                          |                |               |                            |
| Applying for jobs  |                |               |                            |
| Learning to do my job  |                |               |                            |
| Ongoing support  |                |               |                            |
| Coordinating my meetings                                     |                |               |                            |

3) How often should we meet?
bi-monthly monthly every 6 weeks every 2 months

(This section goes with Module 7: Understanding Employment Supports)

1) What information do I want in my Plan for Employment? (circle all the things you want in your plan)

My Interests Money I Want to Make

My Skills Where I Want to Work

Assessment Results Job Development Plan

Kind of Job I Want Job Coaching Plan

Hours I Want to Work My Ideal Conditions

Other:

2) I want to have: (circle all the things you want to have)

A Paper Resume with Only Words A Paper Resume + Pictures

An Electronic Resume with WordsAn Electronic Resume + Pictures

A Job Search Portfolio (hard copy) An Electronic Job Search Portfolio

Additional Job Search Aids:

3) Who can I ask to help me create these?

4) How will I figure out what type of job I want to match my interests and skills? (circle all the ways you think you want to use)

This Workbook Discovery Process Vocational Assessments

Job Shadows Internships Informational Interviews

Service Learning/AmeriCorps Other Ways:

5) How do I want to go about job development? (circle all you might want)

Use Connections (mine and my Customized Employment

team member's)

Corporate Job Development

Informational Interviews

Create a Business Plan

**Job Shadows** 

Other Ways:

6) What support do I think I will need to learn a new job? (circle all things you might need help with)

Support Setting Up Job Schedule Understanding Job Tasks

1:1 Job Training Meeting Co-workers

Job Adaptations Getting Materials for Job

Technology for Assistance Other things:

7) How long do I think I will need support at work? (circle your best guess)

3 months 6 months 9 months

12 months Longer term Not sure

(This section goes with Module 8: Understanding Resources for Employment and Advocating for What You Need)

1) What classes, extracurricular and work related experiences am I involved in? If I need help, who helps me?

Where does **the funding** for my support come from? (School, DVR, IRIS, MCO) What other things would I like to try?

#### **Classes and Activities**

| What I do: | Who helps me: | Funding for Supports: | I would like to try: |
|------------|---------------|-----------------------|----------------------|
|            |               |                       |                      |
|            |               |                       |                      |
|            |               |                       |                      |
|            |               |                       |                      |

#### Community Activities and Volunteering

| What I do: | Who helps me: | Funding for Supports: | I would like to try: |
|------------|---------------|-----------------------|----------------------|
|            |               |                       |                      |
|            |               |                       |                      |
|            |               |                       |                      |
|            |               |                       |                      |

#### **Work Related Experiences**

| What I do: | Who helps me: | Funding for Supports: | I would like to try: |
|------------|---------------|-----------------------|----------------------|
|            |               |                       |                      |
|            |               |                       |                      |
|            |               |                       |                      |
|            |               |                       |                      |

If you do not know where the funding for your supports comes from, ask someone to help you find out. You can advocate for yourself by sharing the list of things you want to try with your teachers, family, case manager, and others on your support team.

|             | that apply)                                       | pioyment supp | oort services through: |
|-------------|---|---------------|------------------------|
|             | School  |               | IRIS                   |
|             | DVR   |               | County                 |
|             | Family Care/Managed<br>Care Organization (MCO)    |               | Family support         |
|             | e do I want to know about res<br>& who can I ask? | ources and op | tions for employment   |
| My question | n is:   | I can ask:    |                        |
|             |   |               |                        |
|             |   |               |                        |
|             |   |               |                        |
|             |   |               |                        |
|             |   |               |                        |
|             |   |               |                        |
|             |   |               |                        |
|             |   |               |                        |
|             |   | l             |                        |

# Sections 9 and 10

(This section goes with Modules 9 and 10: Getting the Help You Need)

1) These are the parts of the employment process that I can do on my own (or with the support of my family), with help from an agency, or by hiring individual employment supports: (put an X in the right box for you)

| Parts of the Employment Process  Assessment: Deciding what I want to do and what my skills are | I can do this on<br>my own or with<br>the support of my<br>family | I would like help<br>from an Agency | I would like to<br>hire Individual<br>Employment<br>Support |
|--|---|-------------------------------------|---|
| Job Development: Finding a job that matches my skills and interests                            |   |                                     |   |
| Business Planning: Figuring out how my business will be successful and writing a business plan |   |                                     |   |
| Initial Job Training:<br>Learning the tasks for<br>my job or business                          |   |                                     |   |
| Ongoing Support: Helping me stay successful at work  |   |                                     |   |

|  | DVR  |  |
|--|--|--|
|  | ADRC   |  |
|  | MCO  |  |
|  | IRIS   |  |
|  | School   |  |
|  | Friends and family   |  |
|  | On-line, visiting agency   | websites   |
|  | Other:   |  |
| ) Will I I                                   | pe able to gather informa<br>r will I need help?   | tion about my options and make contacts on my<br>Help Needed |
| ) Will I I<br>own o<br>Or                    | be able to gather informa<br>r will I need help?<br>n My Own                                   | Help Needed  |
| ) Will I I<br>own o<br>Or                    | pe able to gather informa<br>r will I need help?   |  |
| ) Will I I own o Or If                       | oe able to gather informa<br>r will I need help?<br>n My Own<br>need help, who will I asl      | Help Needed  |
| ) Will I I own o  Or  If  — ) Will I I own o | ne able to gather informate<br>r will I need help?<br>In My Own<br>I need help, who will I ask | Help Needed<br>to help me?:                                  |

There are sample interview questions in the Resource Guide. You can use those or create your own questions when hiring an agency or individual employment supports.

# My Employment Goal and Team Planning Chart

Now it is time to look over all the information you have put into this workbook. Then, work with your team to create a list of steps you and your team members will take with a timeline for reaching your employment goal.

#### **EMPLOYMENT GOAL:**

| The kind of job I want is: |                     | • |
|----------------------------|---------------------|---|
| I would like to work about | hours per week.     |   |
| I would like to make about | dollars each month. |   |

#### TIPS for PLANNING for EMPLOYMENT:

Prepare ahead of time for your meetings.

- For each meeting: think about your progress, decide what you want to talk about, why those things are important, and team members to invite.
- You can look back at the information in Section 6 of this workbook to decide who is on your Employment Support Planning Team.
- It might be helpful to write out a list of the things you want to talk about or create an agenda for the meeting (with help if you need it).

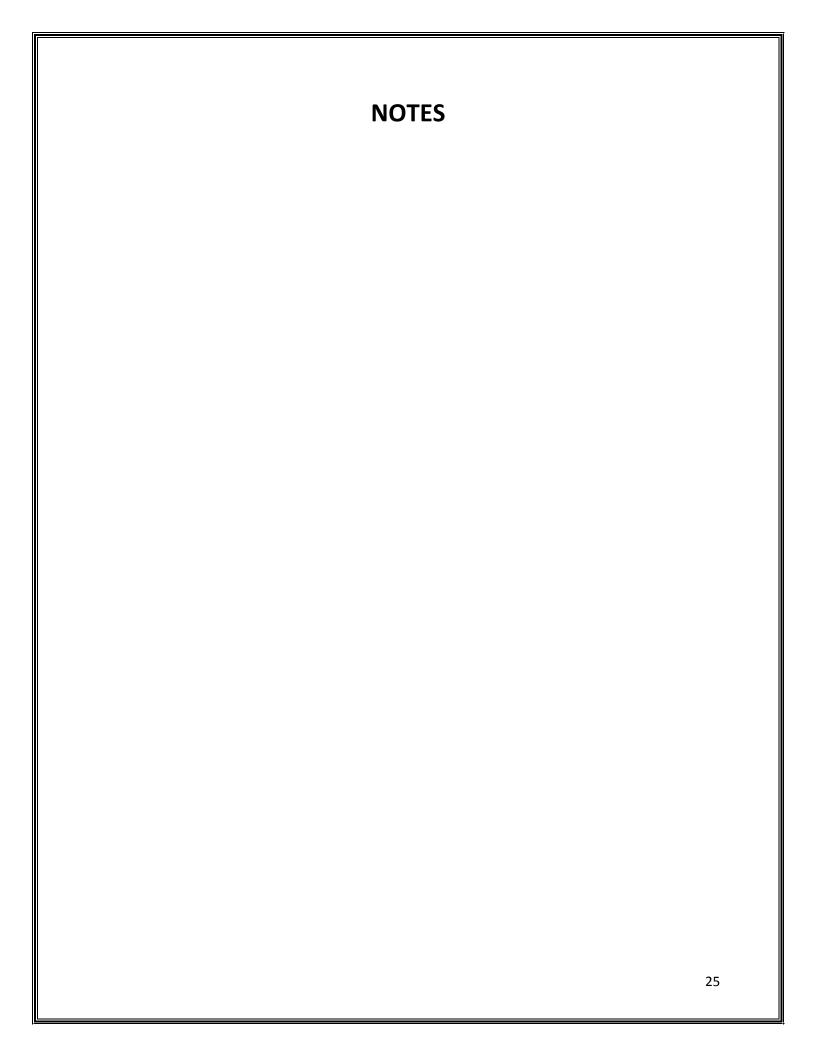
#### At your meetings:

- Share the progress you have made on your employment plan
- Ask your team members to talk about the things they have done to help you since the last time you met.
- Use the chart on the next page to keep track of the steps you and your team will take. Bring this chart to each meeting and fill it out with your team. Each time you meet, you and your team should look at the chart from the meeting before and figure out what you have done already and what your next steps will be. You and your team can make copies of the blank chart and use it as many times as you need to.

Good luck with your employment planning process!

#### **EMPLOYMENT PLANNING CHART**

| MEETING DATE:        |                      |                  |          |
|----------------------|----------------------|------------------|----------|
| WHAT HAS HAPPENED SI | NCE THE LAST MEETING | i?               |          |
| Employer Contacts    |                      |                  |          |
|                      |                      |                  |          |
| Informational Inter  | views                |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
| Work Experiences_    |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
| NEXT STEPS:          |                      | 1                |          |
| STEP                 | WHY IS THIS          | PERSON ASSISTING | TARGET   |
|                      | IMPORTANT?           |                  | DATE     |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
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|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  |          |
|                      |                      |                  | <u>l</u> |
| Next Meeting Date:   | Time:                | Place:           |          |
|                      |                      |                  |          |







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