

School-to-Work

Student Guide

DSHS' Division of Vocational Rehabilitation

Job Seeker:

Month/Year:

Check out what's new this month in your Student Guide!

Monthly Summary:

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Welcome

School-to-Work Overview

The School-to-Work program is designed to assist students in finding a job before they exit school in June. Students enrolled in the program will work directly with a supported employment agency that will collaborate with them, their parent(s)/guardian(s), school district staff, County Developmental Disabilities programs, the Division of



Vocational Rehabilitation, and the Developmental Disabilities Administration.

This School-to-Work Student Guide is a document that is updated regularly and is designed for students and/or parent(s)/guardian(s) to house program related documentation, assessments, activity logs, notes and so much more!

This is a guide for students to ensure key activities and milestones have been completed and organized effectively. This tool will support students in keeping important information in one place, and it will also be a great resource to bring to collaboration meetings that occur with support partners and agencies.

School-to-Work Phases

Phase 1: Intake and Assessment



This phase includes bringing a team together that will support and guide you through the School-to-Work program. Key intake and assessment activities will take place to ensure a positive experience for you.

Phase 2: Job Placement

This phase includes conducting and capturing important job placement activities like employment goals, site visits, job interviews, and more.



Phase 3: Employment



This phase serves as an exciting step to complete and capture all employment stabilization information like employment verification information, completion of the first day of work, and much more!

Phase 1: Intake and Assessment



Phase 1 includes:

- Team Building and Information
- Team Contacts, Roles, and Responsibilities
- Job Foundation Report and/or School-to-Work Assessment
- Job Goal
- Next Steps and Team Actions

Team Building and Information

Team Building Date

To-Do-List

- 1. Introductions / Overview of Services / Strengths and Challenges
- 2. Job Foundation Review / Assessment Needs
- 3. Job Goal is Established

Role/Agency

Team Contacts, Roles, Responsibilities

(This list is more than one page.)

Team Member	Team Member Contact	Team Member
Role	Information	Responsibility to You
	Name:	Show Up, Speak Up, and Share! You are the driver of
You, the Student (most important	Email:	your services and without your voice, the team is not
person on the team)	Phone:	able to support you with your goals. Work with your team to get a job. Services are person-centered and individualized.
	Name:	
Your Parent(s) or Guardian(s)	Email:	Supports you in partnership with school, county, and state departments to acquire
	Phone:	employment.
	Name:	School-to-Work
Employment Provider: Your Job Coach	Email:	CRP/Subcontractor who coordinates getting resources, training, and supports needed for you to
1001 305 00001	Phone:	get a job before you leave school in June.
	Name:	
Your County Program	Email:	School-to-Work Contractor entity providing local support for you to find a job.
	Phone:	

	Name:	Coordinate with schools,
		counties, and other state
	Email:	departments to help you get
Your Vocational	Cilian.	a job. Provide job coach
Rehabilitation		funding. This could be the
Counselor	Phone:	Division of Vocational
Couriscioi		Rehabilitation, Department
		of Services for the Blind, or
		Tribal Vocational
		Rehabilitation.
	Name:	Connects you or your
		parent(s) or guardian(s) with
Your School Teacher	Email:	community, county, and
and/or School Staff		resources for School-to-
		Work.
	Phone:	
	Name:	Lead role who edits this
		School-to-Work Student
	- Frankli	Guide monthly and shares
Main Keeper of Your	Email:	the most current copy with
Student Guide		each person listed above at
	Phone:	the end of the month and
		gathers information from you
		and your team to share.
	Name:	
Other Person on	Email:	
Your Team		
	Phone:	
	rnone.	

Assessment(s)

Job Foundation Report and/or School-to-Work Assessment

Your job coach will collect information about your strengths, skills, and support needed for success on the job. This information will be gathered through school, home, and community work-related activities, as well as conversations and observations with those supporting your School-to-Work journey.

Assessment includes the areas listed below:

- History of school attendance and reliability
- Behavior support or strategies likely to be needed
- Student's communication skills
- Student's learning preferences
- Student's personal hygiene
- Potential job safety issues
- Student's stamina/endurance
- Student's social skills
- Demonstrated skills and task performance
- Transportation needs
- Work preferences and interests



Go to the next page to determine the next step!

Job Foundation Report

What is the purpose of Job Foundation?

The purpose of Job Foundation is to engage, connect, and plan with you in your second to last year of school. Through discovery and the completion of the Job Foundation Report, your next

,	Ü	•	•		. , ,
steps toward emplo	oyment wi	ll be explored an	d determined.		
Answer the follo	owing que	estions:			
Is the Job Foundati	ion Report	complete?			
Yes No [
Final Report sent to	o the Stud	ent and the DVF	R Counselor?		
Yes No [Date sent:			
If no, complete a So	chool-to-W	ork Assessment			
At this point, do yo	ou feel you	have a job goal	in mind?		
Yes No [
If yes, have your jo	b coach co	mplete the next	page, the Job F	oundation Execu	tive Summary and
Job Recommendati	ion.				
If no, complete a So	chool-to-W	ork Assessment	and come back	together with yo	our team to
establish a job goal	l.				
Set your next meet	ting to talk	about the assess	sment		
→					

Team meeting date to discuss the results of assessment:

Job Foundation Executive Summary and Job Recommendation

Check if not applicable
Add Job Foundation Executive Summary below:
Add Job Recommendation based on what was learned through the Job Foundation Process below:

School-to-Work Assessment

Check if not applicable

It has been determined that a School-to-Work Assessment is needed to learn more about what
you would like to do for a job; this will help you figure out your job goal! Your job coach will
collect information about your strengths, skills, and support needed for success on the job. The
following information will be based on your school, home, and community work-related
activities, interviews with you, your family, school staff, others who are familiar with you, and
your job coach observations.

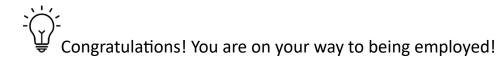
The School-to-Work Assessment may take two or more pages to complete.

Learning preferences:
Personal hygiene:
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Potential job safety issues:
Stamina/endurance:
Social skills:
Demonstrated skills and task performance:
Demonstrated skins and task performance.
Transportation needs:

Work preferences and interests:
Recommendations
Skills and interests:
Desired work environment:
Desired schedule:
Ability to travel to and from work within a reasonable length of time:
Accommodations and Necessary Supports

Job Goal

Your Job Goal Is:



Next Steps and Team Actions

Task	Who	When
Example:	Example:	Example:
DVR Counselor will connect	Benefits Planner, Student,	Before job start (and again, as
you with a Benefits Planner	Family	needed)

Tip: Tasks may be added throughout your School-to-Work year, or removed if they are no longer something you want to explore.

Phase 2: Job Placement



Phase 2 includes:

- Job Seeker Tools
- Job Offer Details

Job Seeker Tools

Job seeker tools will be developed to support you as you look for a job. You will work with your team to figure out what you need, which may include the following: online portfolios, cover letters, video resumes, letters of recommendation, LinkedIn pages, and more.

Resume or Med	ia Resum	ne		
(Video, PowerPoint, Po	ortfolio, etc.)			
Sent to Student:	Yes 🗌	No 🗌	Date sent:	
Sent to DVR Counselor:	Yes 🗌	No 🗌	Date sent:	
Cover Letter				
Sent to Student:	Yes 🗌	No 🗌	Date sent:	
Sent to DVR Counselor:	Yes 🗌	No 🗌	Date sent:	
Employer Letter of F	Recommen	dation (opt	ional)	
Sent to Student:	Yes 🗌	No 🗌	Date sent:	
Sent to DVR Counselor:	Yes	No 🗌	Date sent:	
LinkedIn Page (optic	onal)			
Sent to Student:	Yes 🗌	No 🗌	Date sent:	
Sent to DVR Counselor:	Yes	No 🗌	Date sent:	

You Were Offered the Job! Way to Go!

Did you accept this job offer? Yes No No
If yes, please complete the section below.
If not, please complete the section below and explain why the job was not accepted:
Job Offer Details
Job Goal:
Employer:
Job Title:
Start Date:
Job Duties:
Expected Weekly Hours:
Starting Wage:
Location:
Transportation Considerations:
Benefits Package:
Potential Training Services and Date/Additional Information:

Phase 3: Employment

Congratulations! You have a job!



Phase 3 includes:

- Job Verification
- Your Supports on the Job
- Job Stabilization Report

Congratulations! You are Employed!

Now what? Please work with your job coach to complete the form below.

Employee's Name:		Employ	ver's Name:		
Employee's Job Title:		Employ	ver's Addres	s:	
Is this a new job? No Date Employee Started Wo Average Number of Hours		ek:			
Rate of Pay or Salary: \$					
Hourly Month	ly 🗌 Annually				
Pay Frequency:					
Daily Weekly [Every Two V	Veeks 🔲 Two	Times a Mo	onth Month	nly 🗌
Tips: No 🗌	Yes; if yes, how	often and how	v much?		
Commissions: No	Yes; if yes, how	often and how	v much?		
Bonuses: No	Yes; if yes, how	often and how	v much?		
Overtime: No	Yes; if yes, how	often and how	v much?		
Work Schedule (include exa	act times when	possible):			
Monday Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Is health insurance availabl	e: No '	Yes			
1. If yes, did the emplo	oyee enroll in th	ne health plan	?	Yes	
a. If yes, when	does the cover	age begin?			
b. If yes, what	is the employee	e's portion of t	he premium	ıs? \$	
Name and Title of Person	Who Complete	ed This Page:		Date:	

Your Supports on the Job!

The strengths you bring to the job

How you will become stable on the job (your fading plan)

Additional training, services, and supports could include



The support you receive on the job from the beginning will be shared with you and your team in the monthly notes at the end of this guide.

Job Stabilization Report

You are considered stable on the job when the following things happen:

- 1. Your desired work hours are met (unless you and your team agree the job represents suitable employment).
- 2. Your DVR Counselor, your job coach, and your employer agree that you meet your employer's expectations (this is verified by your job coach).

3. You are ready for long-term support.
But first
Did you meet your expected job goal? Yes No
Was your starting wage what you wanted? Yes No No
Does the job location meet your expected needs? Yes No
Anything else you want to add about your job?
Job Stabilization Summary
Detail and summarize how the placement hours were met (or if the job
represents suitable employment):

Detail and summarize how it has been agreed that the employer's expectations			
have been met. Please provide descriptions and details as to how stabilization			
occurred for the employer's expectations to be met:			
Detail and summarize how long-term support is set up and will occur:			

Helpful Resources

Developmental Disabilities Administration, or DDA



- Website: www.dshs.wa.gov/dda
- DDA Eligibility Information: www.dshs.wa.gov/dda/consumers-and-families/eligibility



Division of Vocational Rehabilitation, or DVR

- Website: www.dshs.wa.gov/dvr
- Phone: 1-800-637-5627



Social Security Administration, or SSA

Website: <u>www.ssa.gov</u>Phone: 1-800-772-1213



Other:

Benefit U

- Website: www.benefitu.org
- Benefit U Information: support@benefitu.org

Other Resources:

Name:			
Phone:			
Email:			
Other:			
Name:			
Phone:			
Email:			

Other Helpful Contacts

Name:			
Phone:			
Email:			
Other:			
Name:			
Phone:			
Email:			
Other:			
Name:			
Phone:			
Email:			
Other:			

Optional Documents

Copy of Food Wor	ker Card		
Sent to Student:	Yes 🗌	No 🗌	Date sent:
Sent to DVR Counselor:	Yes 🗌	No 🗌	Date sent:
Copy of Current C	PR and/or F	rirst Aid Cer	tification
Sent to Student:	Yes 🗌	No 🗌	Date sent:
Sent to DVR Counselor:	Yes 🗌	No 🗌	Date sent:
*Other			
Sent to Student:	Yes	No 🗌	Date sent:
Sent to DVR Counselor:	Yes 🗌	No 🗌	Date sent:
*Other			
Sent to Student:	Yes 🗌	No 🗌	Date sent:
Sent to DVR Counselor:	Yes	No 🗌	Date sent:

^{*}Ideas of other items to include could be a person-centered plan, other certifications, and other job-related documents.

Monthly Progress Reports

May			
June			
July			
August			
September			

October	
November	
November	
December	
January	
•	

February	
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March	
April	
May	
•	

June	
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July	
August	
September	
September	

Notes