

Preparing for Employment Assessment charts

The following two charts¹ assist employment services professional in preparing someone with FASD (referred here to as 'client') to move towards meaningful employment by understanding job fit. These charts can also be used to monitor the progress made over time.

The final table allows you to highlight concerns and target specific actions to support the person with FASD.

Chart 1: Assessing the client's employability

Chart 2: Assessing the client's job fit

Name: _____

Date of Birth: _____

Date of initial assessment: _____

¹ The charts have been adapted and reproduced with permission from Makela, Kapasi and Pei (2019).

Makela,M., Kapasi, A., & Pei, J. (2019). Guide for employment professionals supporting employment in adults with Fetal Alcohol Spectrum Disorders_V2. Retrieved from [Supporting Employment in adults with Fetal Alcohol Spectrum disorder \(nofasd.org.au\)](http://Supporting Employment in adults with Fetal Alcohol Spectrum disorder (nofasd.org.au))

Chart 1. Assessing the Clients Employability Skills

Employability Skills		Date: _/_/_	Date: _/_/_	Date: _/_/_	Date: _/_/_	Date: _/_/_	Date: _/_/_
Communication and interpersonal/Social Skills	I understand my client's communications strengths and challenges and how they might impact their employment	<input type="checkbox"/>					
	I have made a plan to assist my client in communicating with others during their employment search (where possible, this plan should be made collaboratively with the client)	<input type="checkbox"/>					
	I understand my client's interpersonal/social skills and how they might impact their employment						
	The communication/social skills plan was implemented and adjusted as necessary	<input type="checkbox"/>					
Stress Management	I have consulted with my client regarding <i>what</i> they find stressful and how this may impact on their employment	<input type="checkbox"/>					
	[If relevant and with consent provided], I have contacted other persons or professionals (where applications and when consent has been provided) involved with my client regarding factors that may cause the individual stress	<input type="checkbox"/>					
	I understand how my client copes with stress and how this may impact their employment	<input type="checkbox"/>					

	I have devised a plan to help my client with FASD employ healthy coping strategies at work	<input type="checkbox"/>					
	The plan for coping strategies has been implemented and adjusted as appropriate.	<input type="checkbox"/>					
	I have made a plan with my client to use time management strategies (e.g., alarm clock, reminders, scheduling transportation, lists and checklists, etc.)	<input type="checkbox"/>					
	The plan for time management skills was implemented and adjusted as appropriate	<input type="checkbox"/>					
Self-advocacy	My client is aware of their disability and challenges.	<input type="checkbox"/>					
	I have made a plan with my client to increase their understanding of their disability and challenges, build their self-advocacy skills and share their needs in a way that helps others support them.	<input type="checkbox"/>					
	My client is aware of their rights to disclose or not disclose their criminal history record and is able to identify when it would be appropriate to do so	<input type="checkbox"/>					
	My client and I have discussed ways in which they can build their self-advocacy skills around their criminal history and share their needs in a way to elicit the appropriate supports from others	<input type="checkbox"/>					
	The plan for building their self-advocacy skills around their disability and their criminal record history has been implemented and adjusted appropriately	<input type="checkbox"/>					

Teamwork	I understand how my client works in a team as well as what their strengths and challenges are with regards to teamwork	<input type="checkbox"/>					
	I understand how any challenges regarding their ability to engage in teamwork can impact their employment	<input type="checkbox"/>					
	I have made a plan to support my client in maximizing their teamwork strengths and addressing/minimizing their challenges	<input type="checkbox"/>					
	The plan for teamwork skills was implemented and adjusted as needed	<input type="checkbox"/>					
Employment Preparedness	After considering all above aspects, I believe that my client's employability is adequate to obtain and maintain employment. Please circle;	Date: <u> </u> / <u> </u> / <u> </u>	Date: <u> </u> / <u> </u> / <u> </u>	Date: <u> </u> / <u> </u> / <u> </u>	Date: <u> </u> / <u> </u> / <u> </u>	Date: <u> </u> / <u> </u> / <u> </u>	Date: <u> </u> / <u> </u> / <u> </u>
		Yes	Yes	Yes	Yes	Yes	Yes
		No	No	No	No	No	No

On the table below, describe any issues that you hold and describe your action plan for addressing these issues. To ensure a collaborative and respectful approach, please endeavour to involve the individual in this process. Note any progress that has been made in these areas.

Date	Current Issues	Agreed Action Plan	Progress Made	Success Encountered	Move to a different phase is needed? Yes/No. Specify what change is needed.

Chart 2. Assessing the client's job fit

| Job Fit | | Date: <u> </u> <u> </u> <u> </u> |
|-----------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Career Goals and Interests | I have developed an awareness of my client's employment goals either through direct discussions with them and/or through other individuals acting on their behalf | <input type="checkbox"/> |
| | My client has completed a career interest inventory | <input type="checkbox"/> |
| | I am aware of my client's hobbies and interests | <input type="checkbox"/> |
| | I know what motivates my client to work (e.g., self-enhancement and development, money, social engagement, praise, making a difference, etc.) | <input type="checkbox"/> |
| Training and Education | I know of my client's current level of education and/or training | <input type="checkbox"/> |
| | I know if my client is currently enrolled in any education or training | <input type="checkbox"/> |
| | I am aware of my client's education and/or training needs and goals in relation to their work of interest (e.g., certificates/diplomas/degrees, driver's license, first aid training, etc.) | <input type="checkbox"/> |

	The education/training needs and goals are realistic given their current functioning.	<input type="checkbox"/>					
	I have developed an education/training plan to help them meet their education/training goals.	<input type="checkbox"/>					
Ideal Number of Hours & days of work per week	I have consulted with my client regarding their ideal number of hours of work per day/week.	<input type="checkbox"/>					
	I am aware of how many hours a day my client is able to work a day/week.	<input type="checkbox"/>					
	I am aware of/have discussed with my client other factors in their life that can influence their schedule or availability (e.g., childcare and family duties, transportation issues, medical issues, etc.).	<input type="checkbox"/>					
Psychological and/or Cognitive Factors	I have accessed my client's diagnostic report and/or updated psychological assessment report.	<input type="checkbox"/>					
	I understand the information presented in those diagnostic reports regarding my client's psychological and/or cognitive functioning.	<input type="checkbox"/>					
	I understand the possible impact of my client's psychological and/or cognitive functioning on their employment (including the performance of the expected work duties).	<input type="checkbox"/>					
		<input type="checkbox"/>					

	From the psychological or neuropsychological report, I was able to identify at least three of my client's strengths and I understand how to help the client tap into these strengths at work. If not, I am committed to seek support from my supervisor so I can better understand my client's strengths. Alternatively, I may seek out my client's consent to allow me to consult their psychologist or neuropsychologist.	<input type="checkbox"/>					
	From the psychological or neuropsychological report, I was able to identify at least three of my client's challenges and I understand how these may impact their work. If not, I am committed to seek support from my supervisor so I can better understand my client's challenges. Alternatively, I may seek out my client's consent to allow me to consult their psychologist or neuropsychologist.	<input type="checkbox"/>					
	I have read and understood the strategies and accommodations recommended in the report and how they will apply to the workplace. If not, I will seek support from my supervisor so I can understand the recommendations. Alternatively, I may seek out my client's consent to allow me to consult their psychologist or neuropsychologist.	<input type="checkbox"/>					
	I looked into whether an updated psychological/neuropsychological assessment is needed to support my client with work.	<input type="checkbox"/>					
Identifying as having FASD	I have discussed with my client, the implications of having FASD in the work contexts, including possible limitations and stigma.	<input type="checkbox"/>					
	I have asked my client what information they would like shared with their employer.	<input type="checkbox"/>					
		<input type="checkbox"/>					

	My client and I have discussed a plan to manage any disclosure of their FASD diagnosis with their employer/prospect employers and colleagues.						
Identifying as having a criminal record history	I have discussed with my client what it means to have a criminal record history for employment prospects.	<input type="checkbox"/>					
	I have discussed with my client how to manage any disclosure of having a criminal record history in the work context.	<input type="checkbox"/>					
Employment Preparedness	After considering all above aspects of my client's job fit, I believe that they are prepared for employment.	<input type="checkbox"/>					

On the table below, outline any issues that you hold and describe your action plan to address these issues. To ensure a collaborative and respectful approach, please endeavour to involve the individual in this process. Note any progress that has been made in these areas.

Date	Current Issues	Agreed Action Plan	Progress Made	Successes Encountered	Move to a different phase is needed? Yes/No? Specify what change is needed.