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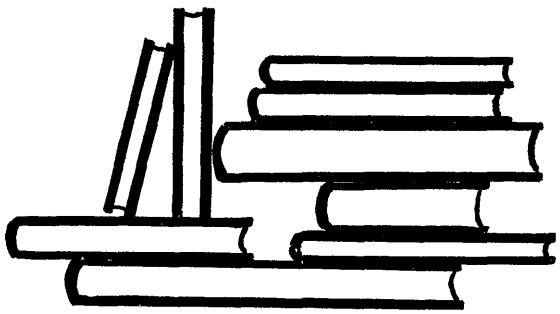
GUIDELINES FOR ORGANIZING VOCATIONAL EVALUATION UNITS

FOURTH INSTITUTE ON REHABILITATION SERVICES



training guide

U.S. DEPARTMENT OF
HEALTH, EDUCATION & WELFARE

vocational rehabilitation
administration

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GUIDELINES FOR ORGANIZATION AND OPERATION OF VOCATIONAL EVALUATION UNITS

A TRAINING GUIDE

REPORT NO. 2
THE STUDY COMMITTEE ON EVALUATION OF VOCATIONAL POTENTIAL

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The materials in this publication do not necessarily represent the official views of the Vocational Rehabilitation Administration nor of State vocational rehabilitation agencies They do, however, reflect serious effort by able persons to keep practices in the State-Federal program of rehabilitation current with developments in the field.

FOREWORD

Throughout much of its recent history, the vocational rehabilitation program has moved at a constantly accelerating pace toward increased services to more severely disabled persons. This trend has resulted in the development of a parallel need for refined techniques for assessment of vocational potential. It should be expected that one expression of this need would be a request that the Institute on Rehabilitation Services include this topic in its studies.

This report represents the second year of study by a group of able persons dedicated to effective evaluation of the potential of many of our most unfortunate citizens, and to the development of appropriate facilities for this service. It is most opportune that this material is available at a time when implementation of provisions for extended evaluation is proceeding apace.

It is expected that this material will contribute significantly to training of agency staff members and facility personnel. It should suggest further studies of this critical aspect of the rehabilitation process.

Joseph Hunt
Associate Commissioner

P R E F A C E

IRS Study Group II accepted the following "charges" for its emphasis in 1966.

A. An examination of the implications of 1965 VR Amendments for vocational evaluation in the Rehabilitation Process.

B. Development of Guidelines for Organization and Operation of Vocational Evaluation Units.

At the time these "charges" were chosen, the Federal Regulations concerning the new "Extended Evaluation" services had not been published. During the May meeting of IRS, in Chicago, few, if any, of the State Agencies represented, had formulated their plans for implementation of this legislation.

As the final results of IRS Study Group II are being written, all State Agencies have already implemented their programs in extended evaluation. Therefore, the material discussed and studied concerning Charge A, would be of little value to anyone now, after the fact. Therefore, this report concerns itself only with Charge B, "Development of Guidelines for Organization and Operation of Vocational Evaluation Units."

The members of Study Group II are indebted to the several consultants who gave so freely of their time and energies in developing the material presented here. Appreciation is extended to the following contributors:

R. Eugene Harwood, Warren Thompson, James McClary, Frank Kern, J. O. Murphy, John Weimer, William Gellman, Robert Walker, Ronald Hampton, and Bill Eshelman.

These individuals had a major role in Group II's presentation and study in Chicago.

Neal D. Little, Coordinator
IRS Study Group II - 1966

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Project Director
IRS Study Group II - 1966

GUIDELINES FOR ORGANIZATION AND OPERATION

OF VOCATIONAL EVALUATION UNITS

Contents

INTRODUCTION

In the last 10 to 15 years, considerable growth and development has occurred in that segment of rehabilitation services known as "Vocational Evaluation." As the rehabilitation movement has progressed to the point of greater service to the severely physically and emotionally disabled clients and the mentally retarded, the need for comprehensive or extensive vocational evaluation studies has steadily increased since it is often very difficult to conduct these evaluations outside a formal facility setting. Many people working in the rehabilitation effort feel it is necessary to send most of their clientele handicapped by mental retardation, emotional illness, cerebral palsy, epilepsy, spinal cord injuries, etc., through special vocational evaluation units in order that a "comprehensive" or "team" evaluation can be accomplished. In this manner, the individual can be evaluated, by several specialists in a semicontrolled environment, taking part in some type of standard or controlled activities. Many are of the opinion that this type of vocational evaluation in a facility allows a more critically objective assessment of the individual's abilities and limitations than is possible to achieve in the typical field situation where a number of evaluative services cannot be utilized simultaneously, but must be purchased separately in time and location.

As a result of the need for specialized evaluation units and facilities, many programs have been initiated across the country to provide various kinds and levels of vocational evaluation. In a relatively short period of time, literally hundreds of programs have been established. As with any discipline or activity which encounters a rapid growth and development, the field of vocational evaluation has no common language or standards with which to compare one unit with another. Consequently, considerable confusion and discrepancy currently exists between units in their statements concerning goals, methods and techniques, and processes.

Study Group II of the Institute on Rehabilitation Services has accepted the Charge, for its 1966 project, to develop Guidelines for Organization and Operation of Vocational Evaluation Units or Facility programs. This is being done in an effort to provide such units with a method for evaluating their services and to communicate their program to referral sources. Also, it is the intent of Study Group II that these materials may help in bringing about a rapprochement among vocational evaluation personnel on such topics as the role and scope of evaluation in rehabilitation, and standards for the operation of Evaluation Units.

In order to provide an operational definition of Vocational Evaluation the following description is offered. Vocational Evaluation is the process of assessing an individual's physical, mental, and emotional abilities, limitations, and tolerances, in

order to predict his current and future employment potential and adjustment. Implicit in this definition is the necessity of evaluating work skills and the relative need for training or treatment to upgrade skills in any of the physiological or behavioral areas. Therefore, vocational evaluation does not differ in content between field and facility evaluation services, but it does differ in availability of services and means of implementing them. In other words, the rehabilitation field counselor gathers information from many sources and utilizes several consultants to make his normal vocational evaluation of his client. When manifold disabilities or very complex disabilities render the normal field evaluation ineffective, then the facility evaluation unit may be needed to provide a multidisciplinary "team approach" to the evaluation process. In this instance a team of specialists work, in concert, to arrive at a goal as the field counselor does in his evaluation.

There are many methods or techniques of vocational evaluation, as evidenced by the numerous approaches used by units around the country. Many labels or titles are used in connection with the various techniques and approaches. Some units use "job sample tests", sheltered workshops, and trial on-the-job training activities to measure work attitudes, aptitudes, behavior, and tolerance of the client. Some units use only one of these approaches. Suffice it to say that there are several approaches to the determination of a client's potential for vocational rehabilitation.

The purpose of this study is not to structure or limit the various approaches to vocational evaluation. It is the intent, however, to provide a framework against which any vocational unit can reflect its goals, techniques, and effectiveness. It is our hope that any unit would be able to use this document as an assistive device in defining its own goals, procedures, and scope of services, and that the "operating guidelines" serve as a constant by which the total program can be judged.

Study Group II of the 1966 Institute on Rehabilitation Services wishes to commend the Association of Rehabilitation Centers, Inc. for its monumental work in publishing the three publications - Standards for Rehabilitation Centers, Manual of Standards for Rehabilitation Centers and Facilities, and Standards Survey Form for Rehabilitation Centers and Facilities. The material presented here borrows heavily from the structure and format of these publications.

G. Robert Leslie, Director
Client Services
Arkansas Rehabilitation Research
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Consultant
IRS Study Group II - 1966

G O A L S

Principle

The Evaluation Unit or Facility shall have established goals to guide the direction and scope of its program of services. The operation of the Unit or Facility shall then contribute to the fulfillment of its goals.

Well defined and mutually accepted goals are essential to the success of any cooperative human endeavor. While this is true in all areas of activity, it is, perhaps, more clearly discernable in the area of rehabilitation since the result of this activity is apparent in another human life. Unless the goals of rehabilitation are clearly defined for both the client or patient and the rehabilitation personnel, the outcome of the endeavor becomes chaotic and damaging to the forward progress of the client.

In addition to providing direction and a point of rapprochement for staff and clients, clearly stated goals provide a measuring instrument for the evaluation of the effectiveness of an Evaluation Unit or Facility. No matter who conducts the examination of the performance of the program, the instrument remains operable and practical. Clear goals should be the focal point of all coordinated efforts of the staff and clients.

In many instances, Evaluation Units are part of larger comprehensive rehabilitation facilities or medical institutions. Ordinarily, these parent organizations have their own specific goals. However, it is important that the Evaluation Unit also has its statement of goals to identify the Unit and make its specific function clear. This not only projects the Unit's image to other personnel, clients, and referral sources, but also gives its Staff an organizational identity and commonality of purpose which is essential to the task of Vocational Evaluation.

Standard "A"

The Evaluation Unit or Facility shall have clearly established goals. These goals should be:

1. Consistent with the general definition of Vocational

Evaluation. ("Vocational Evaluation is the process of assessing an individual's physical, mental, and emotional abilities, limitations, and tolerances, in order to predict his current and future employment potential and adjustment.")

2. Consistent with its corporate charter, constitution, or Agency regulations.

3. An official record in consolidated form.

4. Published or made available to:
   a. Staff.
   b. Clients or patients.
   c. Sources of referral.
   d. Purchasers or users of services.
   e. Contributors or other supporters.
   f. Related and interested public.

Standard "B"

The goals of the Evaluation Unit or Facility shall be specific. Goals should relate to:

1. The human factors which the Unit proposes to evaluate.

2. The means by which the evaluations are to be accomplished.

3. Any and all restrictions applying to the clients served or services provided.

Standard "C"

The goals of the Evaluation Unit or Facility should be regularly reviewed by its staff and governing body.

As time passes, new needs arise and old ones become fulfilled, so that each Evaluation Unit may desire to change its program goals from time to time. Changes in Federal legislation, concerning rehabilitation, have made sweeping changes in the possibilities for Evaluation Units in recent years. Different client groups may emerge in certain locales from time to time. Staff availability in various disciplines may fluctuate from time to time. Therefore, it is imperative that the Evaluation Unit review the reasonableness of its goals periodically and in detail. It is suggested that this review be accomplished annually.

ORGANIZATION

Principle

The organizational structure of the Evaluation Unit or Facility shall be designed to contribute effectively to the implementation of its goals.

The ultimate measure of any group's organizational and administrative structure is how well it utilizes its personnel, facilities, and resources in the attainment of its stated goals. Final authority for determining organizational structure reposes in a governing body which sets policies for the group in relation to its stated goals and purposes. The responsibility for building the structure and implementing it into practice is assigned by the governing body. The functions of organizing, directing, and controlling services and personnel are performed by that individual to whom the authority and responsibility has been delegated by the governing body.

The administrator or chief executive of the Unit or Facility is responsible for translating the policies and decisions of the governing body into daily practice. He also serves as liaison between the staff of the Unit or Facility and its governing body, or sponsoring Agency. All matters of fiscal and program information shall be reported to the governing body or sponsoring Agency through the administrator or chief executive. He is responsible to his supervisors for all matters of operation of the Unit or Facility.

The governing body shall delegate the responsibility for recruitment, supervision, and control of all personnel matters to the administrator or chief executive. Also, the responsibility for the interpretation of the Unit's or Facility's program of services and goals to the public or interested parties shall be delegated by the governing body or sponsoring Agency to the chief executive.

The chief executive is responsible for the efficient and harmonious operation of the Unit toward attaining its stated goals. In this respect, he should be certain to advise all personnel of their responsibilities, lines of communication, and duties in the pursuit of these goals. He also has the responsibility to maintain healthy and beneficial interpersonal relations among the personnel as well as good general staff morale.

The legal status of the Unit or Facility should be appropriate to its goals and program of services. The Unit's charter, constitution, and

bylaws, or policy manual should make general provision for its program of services. Appropriate statutes should be provided for governmental Units. If the Unit is a part of a larger institution or rehabilitation facility, there should be formal provision by the parent organization for the specialized activity of a Vocational Evaluation Department.

Standard "A"

The Evaluation Unit or Facility shall be, or be part of, a legally constituted corporate entity with a charter or constitution and bylaws which are in accordance with legal requirements affecting its organization, or a part of a legally constituted Agency of government.

Standard "B"

The Evaluation Unit or Facility shall have a duly constituted governing body with legal and moral responsibility for the formulation of general policy for the establishment and operation of the program of services. A qualified chief executive shall be appointed by the governing body directly, or through its normal administrative channels.

Standard "C"

The chief executive of the Evaluation Unit or Facility shall have the authority and responsibility for the direction of the Unit's or Facility's operation in accordance with the policy established by the governing body, or through its normal administrative channels.

Standard "D"

The Evaluation Unit's or Facility's organizational structure shall be designed to effect efficient coordination of its personnel, resources, and facilities necessary to meet the program goals.

PROGRAM

Principle

The Evaluation Unit or Facility shall provide a program of services essential to accomplishing the established goals. Services must be of such quality and so applied that they constitute an effective functioning program.

Perhaps, the most important concept in establishing an Evaluation Unit, after its goals and organization are clarified, is the accurate provision of services which can affect the organization's goals. The program of services must be planned and constructed to accomplish the objectives of the Unit in the most efficient manner.

This concept involves an accurate assessment of the personnel needs for the Unit as well as the most expedient use of the Staff in conducting the Unit's program. Also, at least implicit, in this concept is the notion that it is necessary to know the abilities and limitations of the Staff in order to successfully execute the program of services. In addition, when deficiencies in skills are apparent, the Unit has the obligation to obtain assistance to rectify the deficiency or delete the service dependent upon those skills from its program.

It is not necessary, in all situations, that Staff in all areas be full time employees of the Evaluation Unit. For example, most vocational evaluation units can function quite well with only consultive medical participation. The same may be true of psychological and social work assistance. In fact, the most efficient use of Staff time, facilities, and finances may very well involve part-time or consultive personnel in all areas other than the core vocational evaluation personnel.

The essence of a good vocational evaluation program lies in the continuity and integratedness of its services for its clientele. The manner in which these services are planned and coordinated in each client's case determines the value and efficiency of that particular evaluation. While the "team approach" is emphasized in evaluation programs, it seems necessary that some one person or group has specific responsibility for the coordination and management of each client's program. It is of paramount importance that the case management or coordination be accomplished in an integrated and comprehensive manner.

Staff conferences in an Evaluation Unit are crucial to the efficient operation of the program of services. In smaller units total Staff con-

ferences are possible and are most efficient, but in larger units these conferences may involve only a portion of the total Staff, for the most effective operation. Methods of conducting Staff conferences vary tremendously from place to place, and most units are constantly seeking ways to streamline their conferences to take less time away from the service programs while at the same time maintain a good level of efficiency in program integration and coordination. Each operation must establish its best means of conducting Staff conferences in order to provide continuity, coordination, and integration to its program of services for individual clients.

Standard "A"

The Evaluation Unit or Facility shall

1. Engage a competent staff as required to provide the services.

2. Describe to its staff, clients, other agencies, and its public the services it provides.

3. Admit only those clients whose needs are consistent with the services provided.

4. Provide a client program manager who shall·
   a. Assume responsibility for the client during the evaluation process.
   b. Coordinate the various evaluative procedures.
   c. Cultivate the client's participation in the program.

Standard "B"

The Evaluation Unit or Facility shall be responsible for the appropriateness of the client's program at the Facility. Through delegation of authority and responsibility to its professional staff, the Facility shall

1. Establish and follow policies and procedures for intake·
   a. Have clearly written criteria for admission.
   b. Have screening by personal interview or review of application forms, or review of referral information.
   c. Have procedures of scheduling and informing applicant or referral source of acceptance, ineligibility or inadvisability of admission.

d. Have designated lengths of programs and specific services provided.
e. Have adequate supervision of the client's program.

2. Establish and follow policies and procedures for orientation of new clients and/or families
   a. Concerning the goals and specific evaluative procedures.
   b. Facility regulations or rules and client responsibilities.
   c. Staff member responsible for the management of each client's program and with whom he may counsel.

Standard "C"

he Evaluation Unit or Facility shall provide or utilize available services o measure the client's medical, social, psychological, and vocational ehabilitation potential.

1. The Facility shall conduct, or have available, adequate reports of medical evaluations that
   a. Identify impairment and limitations.
   b. Establish prognosis for removal or amelioration of impairments.
   c. Utilize appropriate consultative assistance.
   d. Report findings and specific recommendations regarding need for further diagnostic study, treatment, or other services.

2. The Facility shall provide, or have available, services to evaluate in the psychological and social areas through the media of
   a. Background information and findings provided by other team members.
   b. Clinical interviews and observations.
   c. Psychological tests, such as intelligence, personality, aptitude, interest, achievement, and specialized procedures for evaluating specific problems.

3. The Facility shall provide, or have available, services to evaluate in the vocational area through one or more of the following media
   a. Job or Work Sample Testing.
   b. Sheltered Workshop Experience.

c. On-the-job Training.
d. Trial Employment.
e. Institutional Industrial Therapy or Work Program.
f. Other work simulating experiences.

Standard "D"

The Evaluation Unit or Facility shall conduct staff conferences regularly to review each client's progress, program, and potential in order to provide an integrated and coordinated program of services.

PERSONNEL

Principle

The staff of the Evaluation Unit or Facility shall be competent, professionally ethical, and qualified in the skills necessary to the achievement of the Unit's stated goals. Written personnel policies which contribute to the efficient functioning of the staff shall be in active operation and made known to all staff.

In existing Evaluation Units or programs, personnel or staffing varies from one-man departments to relatively large staffs involving members from several disciplines in the team evaluation approach. Most one-man units involve utilization of other personnel from other departments to accomplish the evaluation. For example, the evaluator in a mental hospital setting may depend heavily upon ward attendants' patient behavior descriptions for part of his evaluation.

Very frequently the training and experience background of the staff of an Evaluation Unit may be greatly influenced by the type of facility or institution in which the Unit is located. For example, in most medical settings, the staffs of Evaluation Units are largely composed of medical or paramedical personnel. In vocational facilities the personnel is more likely to be trained in industrial arts or vocational education.

The following list identifies numerous areas of training and specialization which may be found in Evaluation Units in all kinds of settings.

1. Psychologists (clinical and/or counseling).
2. Social Workers.
3. Physicians:
   a. Physiatrists
   b. Psychiatrists
   c. Neurologists
   d. General Practitioners
   e. Internists
   f. Orthopedists
   g. Radiologists
   h. Ophthalmologists
   i. Otolaryngologists
   j. Urologists
   k. General Surgeons.
4. Physical Therapists.
5. Occupational Therapists.

6. Speech Therapists.

7. Work Evaluators.

8. Workshop Supervisors.

9. Rehabilitation Counselors.

10. Vocational Instructors.

11. Placement Specialists.

12. Industrial Engineers.

13. Peripatologists.

14. Orthetists and/or Prosthetists.

15. Workshop Managers.

Typically, Evaluation Units involve personnel in four general areas of training or expertise. These areas are: Medical, Psychological, Social, and Vocational. Depending upon the size of the staff, some personnel may double in role or function in the team. For example, the psychologist in a small unit will often also serve as a work evaluator. In other cases the occupational therapist may function as a work evaluator. The functions of the various disciplines in the team effort are generally described below.

Medical

The medical personnel on the team is responsible, generally, for determining physical capacities, limitations, and tolerances of the client. It is imperative that their efforts be coordinated into the overall evaluation effort to enable them to make a relevant and realistic estimate of these factors, as they affect the employability and general rehabilitation potential of the client.

Psychological

The personnel in this area is responsible for assessing the client's psychological strengths and weaknesses. Intellectual capacity, academic ability, emotional adjustment, and social living skills are all parameters to be sampled by these personnel.

Social

The social workers on the team are responsible for assessing the client's social strengths and weaknesses. Areas to be determined are: general social development, family influences, and community involvement of the individual.

Vocational

Staff in this category has the responsibility of determining the client's employment assets and liabilities, potential for training, and his overall work adjustment. Specific items to be determined by staff vocational evaluators are:

1. Work aptitudes and abilities.
2. Work tolerances.
3. Attitudes toward work.
4. Potential for vocational training or retraining.
5. Work habits (manner of approach to work and relations with fellow workers, etc.).
6. Mobility and travel potential.
7. Independence in daily living.
8. Adaptations necessary in work environment.
9. Need for treatment to lessen or remove disability.

It is imperative that all these areas be assessed in light of the individual's potentials as a "whole being" and not be fragmented into simple samples of various types of behavior or physical being. Therefore, it is essential that the responsibility for coordinating the various aspects of the evaluation repose with one individual on the team. This is not to say that one person should carry out the evaluation, because this would not be a group evaluation. However, it is necessary that one person on the team be responsible for summarizing or verbalizing the team assessment. In this respect, he becomes the spokesman for the team.

Qualifications of Staff

In most of the disciplines represented in evaluation units, minimum training requirements are imposed by the professional organization of the discipline. Thus, the physicians, psychologists, social workers, physical therapists, occupational therapists, speech therapists, and teachers all have standards that are imposed by State regulations and/or professional group regulations.

There is currently no standard training or experience requirement for work or vocational evaluators. At the present time, individuals occupying positions as work evaluators vary in their training from less than high school academically to graduate degrees in a number of areas.

Many come into these positions after several years of successful employment in industry in the skilled trades, while others may have worked only in an educative capacity. Suffice it to say, no certification or licensure regulations for work evaluators exist, at present, unless they are provided by the Evaluation Unit or Facility in its job descriptions.

To function as members of an evaluation team, however, all personnel need experience and/or training beyond their basic accreditation or licensure training. In the majority of cases, this experience is gained through on-the-job training. In some cases, specific short-term training programs are available to augment formal training.

Standard "A"

All personnel shall meet the standards of qualification established by the Evaluation Unit or Facility.

1. The governing body has responsibility for establishing standards of qualification for Unit personnel. It shall delegate authority and responsibility for implementing standards to the administrator or chief executive of the Unit.

2. All Unit personnel shall meet the legal requirements of their positions.

3. The Evaluation Unit or Facility shall adopt, as minimum requirements for its professional staff, those qualification standards established by duly constituted and recognized professional groups.

4. The measure of qualification, when standards have not been established by an organization, shall be satisfactory job performance as defined by the job description.

5. Contractual or consultant services personnel shall meet the standards of qualification established by their respective professional organization, by applicable legal requirements, and/or by other evidence of competence which the Unit may require.

6. Volunteers shall be properly supervised and must meet the qualifications required for their assignments.

Standard "B"

The Evaluation Unit or Facility shall establish and maintain current personnel policies where they are not provided by a parent organization.

1. Personnel policies shall be written:
   a. Based upon sound management principles and techniques.
   b. At least equal to policies in comparable programs and/or professional organizations.
   c. Cognizant of recommendations by the staff.
   d. Based realistically upon the Unit's conditions and the needs of its programs.

2. Personnel policies shall encompass the basic relationship between employer and employee, responsibilities and obligations of each, and the general working arrangements.

3. Personnel policies shall be made a matter of official record and be made available to all employees at the time of their employment.

4. Personnel policies shall be periodically reviewed.

Standard "C"

Job Descriptions

The Evaluation Unit or Facility shall have written job descriptions for all personnel positions. These descriptions shall be:

1. Reviewed with each employee at the beginning of his employment.

2. Regularly reviewed and amended as necessary.

RECORDS AND REPORTS

Principle

The Evaluation Unit or Facility shall maintain accurate and complete records and prepare and distribute reports necessary to the achievement of its goals.

The records system of a service organization is perhaps the most vital link between its staff, services, and clients. In order to provide services in an integrated and coordinated fashion, it is essential to maintain a consistent and meaningful records system which immediately communicates complete and concise information concerning the individual client. This information should cover fiscal as well as service matters and should be incorporated into the record on a consistently current basis. For example, it should be possible for a Staff member to choose a case record, at any given moment, and find very quickly what, how, and when services had been provided in that particular case.

Central records form the hub around which the entire program of services revolve. Efficient records can mean good communication within the organization as well as more effective and purposeful communication between the organization and its referral sources. Good central records are designed so as to facilitate reporting and referral. Thus, it is also important that the Evaluation Unit inform its referral sources of information needed for admission procedures. If the initial information compiled for a case record is adequate, considerable time is saved in the intake process. (See Appendix B for an example of what can be expected when the referring agent knows what is expected.)

Reporting affords another area for great variation from one unit to the next. Many units have developed check lists which seem to serve their reporting needs, while others feel that narrative reports are necessary to their situations. Most units devise their own systems based upon their program needs, the needs of their referral sources, and expediency. Delays in reporting cause numerous problems, both for the organization providing services and the purchasers of the services. For this reason expediency should, perhaps, be the primary factor in designing reporting procedures, and the needs of both provider and recipient of the services considered only in light of temporal efficiency. Few criticisms are heard of reports which are too concise, but lengthy reports are frequently maligned and infrequently perused verbatim.

One important point, which new evaluation programs might overlook, is concerned with documentation. In short, the rule to follow is that all materials going into case records should be signed by the individual providing the information or clearly documented as to its source. That this is necessary can become painfully obvious in the event that a record is subpoenaed for a legal hearing, and has not been so documented.

Standard "f"

The Evaluation Unit or Facility shall establish, maintain and utilize clinical records and reporting systems to meet all applicable professional, administrative, and legal requirements.

1. An accurate, central record for each person admitted to the Unit or Facility shall be prepared and maintained.

2. Completed records shall include:
   a. Identification data.
   b. Reports from referring source.
   c. Pertinent history, diagnosis, rehabilitation problem, goals, and reason for referral.
   d. Designation of the client's evaluation program manager.
   e. Evaluation reports from:
      1) Each service or discipline contributing to the evaluation.
      2) A Staff conference of the service units or disciplines involved.
   f. Signed clinical and progress reports as required by the evaluation plan.
   g. Reports from outside consultation and from laboratory, radiology, orthotic and prosthetic services, etc.
   h. Significant correspondence pertinent to the evaluation and/or client.
   i. Signed release forms.
   j. Record of untoward events pertinent to the evaluation program.
   k. Final or summary report, including summary statement, recommendations, disposition and referral.
   l. Follow-up reports.

3. A work sheet for each client receiving evaluation services shall be maintained within the Unit or Facility.

4. Statements of professional judgments or of services provided the client shall be signed by the person qualified by

professional competency and official position.

5. Client records shall be maintained on a consistently current basis, with reports of completed evaluation procedures being transmitted to the referring agent without delay.

6. Reports based upon client records shall be authorized by the client and/or his legal representative for transmission to individuals and agencies, as appropriate, to the extent and type of their responsibility for the client's welfare.

7. Appropriate safeguards shall be applied to protect confidential records and to minimize the possibility of loss or destruction of records.
   a. A registered record librarian or other qualified staff member shall be responsible for central client records.
   b. Access to client records shall be limited to the professional staff providing direct evaluation service to the client, plus such other individuals as may be administratively authorized.
   c. An appropriate indexing and filing system shall be maintained for all records.
   d. Appropriate controls shall exist so that the location of all client records will be known at any time.
   e. Records shall be stored under lock, and where there is maximum protection against fire and water damage and other hazards.

8. Records shall be retained for a period of time consistent with professional, administrative and legal requirements.

Standard "B"

The Evaluation Unit or Facility shall establish, maintain, and utilize administrative records and reporting systems to meet all applicable administrative and legal requirements.

1. **Administrative records and reports shall be developed to guide the operations of the Unit or Facility, measure and communicate productivity, and reflect the Unit's or Facility's status. They shall include:**
   a. **Minutes of governing body meetings, if applicable.**

b. Minutes of administrative and professional staff meetings.
c. Personnel records.
d. Fiscal records and reports, including payroll, purchasing, and financial statements.
e. Statistical records describing the operations of the facility.
f. Correspondence file.
g. Safety, fire inspection, and related reports.

FISCAL MANAGEMENT

Principle

The fiscal affairs of the Evaluation Unit or Facility shall be managed in a sound and legally proper manner.

It is imperative that an accurate assessment of the fiscal needs of an Evaluation Unit or Facility be obtained, in order to realistically meet its goals. Most Units operate on either a guaranteed annual budget from its parent organization or an annual budget derived from community funds. In either case, unless the available budget is geared to meet the needs of the Unit's program of services, the services will suffer. Programs of services cannot be extended or expanded unless it is certain that the fiscal structure of the Unit will accommodate the increased cost of services. The fiscal management of the Unit or Facility does not differ, fundamentally, from that of any business organization.

Standard "A"

The financial operations of the Evaluation Unit or Facility shall be based upon sound financial planning and appropriate management of capital, operating income, and expenditures.

Standard "B"

The Unit or Facility has the responsibility for maintaining its financial solvency through such means as setting and collecting fees, and obtaining endowments or other private or public support.

Standard "C"

Fund raising activities of the Unit or Facility shall abide by the Standards of Fund Raising Practices for Social Welfare Organizations,

established by the National Social Welfare Assembly. *

Standard "D"

The Unit or Facility must have an adequate risk protection program as prescribed by local State regulations.

Standard "E"

If the Unit or Facility operates a sheltered workshop, it must conform to applicable legal requirements and sound business practices compatible with its goals.

* National Social Welfare Assembly, Inc., 345 East 46th Street, New York City, New York.

APPENDIX "A"

A Suggested Guide for Study of the Evaluative Process *

A. Medical Components:

1. Identification of impairment and limitations:
   a. Expressed in anatomical or pathological terms.
   b. Prognosis for removal or amelioration of impairments.
   c. Functional limitations.
   d. Activities to be avoided.
   e. Remaining physical, mental, and emotional capacities as compared to a normal person.

2. Reports:
   a. Above spelled out on forms or in narrative form on understanding level of counselor.
   b. Specific recommendations regarding need for further diagnostic study.

B. Social Components:

1. Home conditions:
   a. Physical environment.
   b. Relationship with other members.
   c. Cultural and subcultural level.

2. Personal data:
   a. Identification information.
   b. Personal habits.
   c. Associates.

3. Economic factors:
   a. Available resources.
   b. Potential resources.
   c. Liabilities.

* "Training Guides in Evaluation of Vocational Potential for Vocational Rehabilitation Staff," Third Institute on Rehabilitation Services, May 23-27, 1965, U. S. Department of Health, Education, and Welfare, Vocational Rehabilitation Administration. (Rehabilitation Service Series Number 66-23.) U. S. Gov't. Printing Office, Washington, D. C. pgs. 30 through 32

4. Attitudes:
   a. Toward self (self-image).
   b. Toward problem or problems.
   c. Toward family.
   d. Toward work.

5. Sources for securing above information:
   a. Social agencies.
   b. Business or work associates.
   c. Doctors.
   d. Relatives.
   e. School officials.
   f. Counselor's impressions.

C. Psychological Components:

1. Native ability:
   a. Assessed by:
      1) Appropriate psychometric measurements.
      2) Counselor's assessment.
      3) Previous history.

2. Interests, aptitudes and abilities:
   a. Assessed by:
      1) Client's statements.
      2) Appropriate psychometric instruments.
      3) Job tryout.
      4) Work history, hobbies, etc.
      5) Counselor's assessment.
      6) Statements of former employers.

3. Personality traits:
   a. Strengths and weaknesses.
   b. Emotional stability.
   c. Reaction to stress.
   d. Motivation.
   e. Perseverance, dependability, frustration, tolerance, etc.
   f. Above traits assessed by:
      1) Counselor's impression.
      2) Reports from social agencies.
      3) Reports from individuals.
      4) Clinical evaluation where indicated.

D. Educational and Vocational Components:

1. Educational background:
   a. Achievement level.
   b. School record.
   c. Preferred subjects.
   d. Extra curricular activities.

e. Behavior problems.
f. Educational plans and ambitions.
g. Additional formal training.
h. Educational level of immediate family.

2. Vocational factors:
   a. Work history:
      1) Job tenure.
      2) Types of jobs held.
      3) Levels of responsibility.
   b. Work habits and attitudes.
   c. Opinions of former employers and coworkers.
   d. Aspiration level.
   e. Membership in professional or trade organizations.
   f. Previous wages or salary.
   g. Part-time experience.
   h. Occupational level of immediate family.
   i. Attitude of family members.

3. Occupational information:
   a. Available jobs.
   b. Long-term outlook.

E. Factors Related to an Adequate Vocational Assessment:

1. Available resources:
   a. Training.
   b. Physical restoration.
   c. Funds.

2. Quota and caseload requirements.

F. Summary or Diagnostic Evaluation Made by Counselor.

A P P E N D I X "B"

An Example of a Well-Planned and Documented Referral to an Evaluation Unit from a Field Counselor

Referral Information Sheet *

1. Counseling Information:
Problems of client that affect trainability and/or employability.

   A. Medical and Psychiatric:

      1. Psychological problems seem to have been resolved. Recommendation is, to proceed with vocational planning.

      2. Limitations: In use of hands, has difficulty with fine movements. In use of legs, can walk and stand equipped with short leg braces.

   B. Social:

      1. Family: It is a positive influence, cooperative, and will help in whatever way it can.

   C. Psychological:

      1. Motivation: Good, positive. He wants to determine a vocational objective and train for it.

      2. Personality: (See special reports).

      3. Ability level: (See special reports).

   D. Education:

      1. Grade completed in school: 11th grade.

      2. Subject in which he succeeded best: Shop courses and mechanical drawing.

      3. See high school transcript.

* These materials were prepared and forwarded as initial referral information on a client by Mr. Joseph L. Finnerty, counselor, Division of Vocational Rehabilitation, Kansas, and were accompanied by a Medical Specialist's report, General Medical Report, Psychologist's report of examination, a Psychotherapist's report of contacts, and complete school transcript and records.

E. Vocational:

1. Present status: Client is not working because he does not have a skill that he can use that is within his limitations.

2. Work History:
Furniture stripping - 7 months - no salary
Painter's helper - 9 months - no salary
Filling station helper - 12 months - no salary.

3. Past Vocational Training:
Woodworking - 3 years - high school shop
Mechanical drawing - 1 year - high school course.

4. Vocational Goal (client's):
Radio - mechanical and communications
Drafting.

5. Vocational Goal (counselor's):
Possibly radio, photography, or something that would involve the client with people singly rather than groups.

6. Employment or placement opportunities most commonly available in client's area: Aircraft industry, small manufacturing, all services necessary in area of population of about 280,000.

2. Programming:

A. What we would like to know about our client from Center evaluation:

1. Medical and Psychiatric: (Adequate information at present).

2. Social: How does he adjust to the new situation, individuals, and groups?

3. Psychological: (adequate).

4. Educationally: Client has average ability to learn. Does he apply his ability; will he follow through and master material that is assigned to him? Is limitation on writing a big obstacle.

5. Vocationally: What can he do best within his limitations?

B. How might Center help client with special problems:
This is client's first time away from home and he will need some special help at first. He will need one special, interested person to listen to him.

3. We would hope that the client could enter directly into training if a program can be established that would meet approval.

4. The client has a good general understanding of the Center's services, evaluation, vocational training, etc.
Plan would be for Vocational Rehabilitation to pay the Center costs.
The family would meet transportation, clothing, and personal needs of client.

SOCIAL HISTORY

I. Identifying Information

Name _____ Address _____

Age 24 Sex Male Education Completed 11th Grade

II. Reason for Referral

Client would like to be admitted to Hot Springs Rehabilitation Center for vocational evaluation and possibly vocational training.

III. Present situation of Client

This 24 year old, white male has completed 11 years of public school education. His physical limitation, Friedreich's Ataxia, limits the full use of hands and lower extremities. He walks fairly well, he cannot accomplish fine movements with either hand. He last attended school at the age of 20, since that time he has not been gainfully employed but has been occupied in busy work type of thing.

At present, this young man is anxious to do something vocationally. He needs a job trial evaluation to determine what he can do.

IV. Physical characteristics

Client is 5 ft. 9-½ in.tall and weighs about 115 lbs. Although limited in the full use of hands and legs, he does quite well in performing most movements. The use of short leg braces enables him to walk and stand for considerable periods. He can perform gross movements of the hands and some of the finer movements. His body frame appears wiry and spare, and he probably has more strength than he appears to have. His vision is corrected to 20/20. He is neat and clean in appearance.

V. Present living arrangements

Client is still living at home with his parents, father age 51, mother age 55. Since the client has never had any significant income, he receives his support from the parents. They would be considered as part of the low-middle socio-economic group. They have tried to be helpful in handling client, having met with little success, they are concerned about his future. They are cooperative in working with Vocational Rehabilitation.

VI. Family History

A. Father _____, 51 years of age, is in good health. He has a high school education and has worked all his life in

general contracting of construction and remodeling work. He is now self-employed, probably in the $5,000.00 to $6,000.00 per year group. Attitude toward son interested, desires to be helpful, and is asking for help and guidance.

B. Mother _____,55 years of age, is in good health. She has a high school education. Since marriage she has been a housewife and mother. She has assisted her husband as his business secretary at times. She is probably dominant parent and has been overprotective with client.

C. Siblings of Client

1. Sister, 34 years of age, with 12th grade education. She worked as a sales girl for 10 years before marriage. Since marriage she has been a housewife and mother of three children. Her husband is a bookkeeper. They treat client like a child.

2. Sister, 33 years of age, with 12th grade education. She was married and has two children. She is divorced and supports herself and children through real estate sales work.

3. Sister, 31 years of age, has worked as a secretary. She married, divorced, and has one child. She remarried but was recently widowed. Her husband was an insurance salesman who died of a heart attack.

VII. Client's History

A. Birth and development· (to approximately age 6). Client, the fourth of four children, had three older sisters. He was seven years younger than the next oldest child. His physical disability developed from the time of birth.

B. Preadolescence: (6 to approximately 12). These, no doubt, were difficult years for client. He was shifted about in schools. A speech problem seems to have developed. Evidently emotional problems were present. There seems to have been little or no meaningful relationships with parents, teachers, or peers. Client seems to have resented being placed with the slower learning groups.

C. Adolescence· (12 to 20 approximately). During this period client seems to have tried to make

an adjustment to his situation of being the oldest child in group or class. He formed some friendships at school, both boys and girls. He was active in a church group, and liked singing and summer camp. He and his father worked at hobbies, woodwork and photography. It seems that he was overprotected by his mother at home and he became resentful.

VIII. Academic and Vocational Training

Client started to public grade school at age of five years. He completed three years and at that time was placed in the "sunshine room" (special education) for one year. This placement was made because of speech problem and lack of progress.

At age of ten he was placed in the _____school (school for retarded). He attended there for four years. He resented this school because he felt that he didn't belong there.

At age of 14 he was placed again in public school at the sixth grade level. He was older and larger than the other children and felt out of place but did seem to make a satisfactory adjustment. He went ahead to complete junior high school; he entered senior high and completed the eleventh grade. He dropped out of school at this point because he was 21 years of age and to stay in school he would have had to pay tuition and other costs.

He says that he got mostly C's while in high school but got B's in the three years of woodworking. He enjoyed school, liked shop courses and mechanical drawing best. He had both girl and boy friends during his school functions and activities.

School work was limited by his limited ability to write. At the present time client says that he can't read his own writing.

IX. Work Experience

After leaving school in 1962 at the age of 21 years, client has occupied himself as indicated:

1963 - He worked in a family shop project reconditioning used furniture. He received no salary. Client stripped furniture for seven months.

1964 - He worked as a painter's helper for nine months, painting trucks. He was paid a very small amount.

1965 - He has put in most of his time at a friend's filling station. He says that he helped operate pumps, operated lift, lube and grease jobs, washed

cars, some light tune-up work. He must have done these jobs to a very limited extent as he was sometimes paid $1.00 per day. At other times he was given only his lunch.

X. Medical History

(See medical reports).

Client was under the care of the family doctor during his early years.

He was referred to _____ Clinic doctors in 1953 at the age of 12. He was equipped with leg braces in 1954. Corrective surgery was done on his feet in 1958. His condition is considered stabilized.

XI. Information not given Elsewhere

Client is a member of a Christian Church, Disciples of Christ. He seems to be anxious to do something vocationally and is most anxious to form new social relationships, especially with girls. The lad seems to accept his physical limitations and has been cooperative in working through his emotional problems. He has taken drivers education courses and can drive a car, but he has never obtained a driver's license.

He and his parents have studied the literature available on the Hot Springs Rehabilitation Center. They understand the services of evaluation and vocational training and feel that this Center will meet client's need.

XII. General Plan for Handling of Case

1. Medical evaluation)
2. Psychological evaluation) Completed.
3. Need for psychotherapy pointed out and met.
4. Vocational evaluation:
   a. Testing and past experience indicate interest in the general areas of: mechanical; outdoor; persuasive; scientific; and artistic.
   b. Need is for a vocational evaluation based on job trial.
5. Vocational training:
   At same Center if training is available for the particular vocational objective.
6. Job placement:
   Probably at home, (_____), a city of 280,000, where there are openings for most skilled workers in areas of

industry and services.

7. Later planning:
After satisfactory placement has been made, it is hoped that client would become self-sufficient and capable of moving out on his own.

XIII. Sources of Information

Client, his parents, doctors, and the psychotherapist that client has been seeing during the past six months.

Date of Report: 12/29/65

/s/ Joseph L. Finnerty
Vocational Rehabilitation Counselor

JLF/A

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