DISCOVERY PROFILE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 1081 (4-2026)

Click Here to Clear Field Data

INDIVIDUAL'S BASIC INFORMATION

Name		Telephone Number	
Address	City	State	ZIP Code
Email Address			
Marital Status: Select One ◯ Single or Never Married ◯ Married or Domestic Partner ◯ Divorced or Annulled ◯ Widowed			
Agencies Involved with the Individual or Family			
Name of Guardian, if applicable		Guardian's Telephone Number	
Address	City	State	ZIP Code
Guardian Email Address			
Summary of assessments completed prior to beginning the discovery process			

RESIDENTIAL

Description of the neighborhood
Identify transportation used by the individual or family
Does the individual have a driver's license? ◯ Yes ◯ No
List general or commercial shopping industry or services near the home
Current living arrangement: Select One ◯ Independent in Home or Apartment ◯ Live with Family ◯ Live with Friend or Roommate ◯ Group Home ◯ Other-Specify:

Current supports at home: Select One

◯ Independent or not Receiving Supports ◯ Full Supports

◯ Some Supports-Specify:

Describe the individual's typical routine in the home. Such as activities the individual can complete independently with or without supports

EDUCATION AND SPECIALIZED TRAINING

School	Degree or Accomplishment	Date Achieved	Reason if Not Completed

Describe the individual's strengths and or weaknesses in the educational environment. Such as learning styles, reading level

WORK HISTORY

Employer		Dates of Employment	
Employer Address	City	State	ZIP Code
Wages	Reason for Leaving		

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Employer Address	City	State	ZIP Code
Wages	Reason for Leaving		

Please submit resume together with this Form.

Describe tasks completed in the home, including formal and informal tasks completed in the home which may transfer to the work environment
Describe work experiences. Such as internships, structured work, sheltered work, volunteering, or entrepreneurial activities

LIFE ACTIVITIES AND EXPERIENCES

Describe involvement in social groups or organizations
Describe personal activities such as hobbies performed at home or in the community to include specific events and activities important to the individual

VISITS TO THE INDIVIDUAL'S HOME OR ALTERNATIVE LOCATION

The purpose of these visits is to obtain information regarding routines, hobbies, family supports, and activities.

Date of Visit	Duration
Observation	
Date of Visit	Duration
Observation	
Date of Visit	Duration
Observation	

INTERVIEWS WITH INDIVIDUALS WHO KNOW THE PERSON WELL

Date of Interview	Duration	Name	Relationship to individual
Results of the Interview			
Date of Interview	Duration	Name	Relationship to individual
Results of the Interview			

Date of Interview	Duration	Name	Relationship to individual
Results of the Interview			

DISCOVERY ACTIVITY AND LOCATION

Task
Skill Demonstrated
Skill Level: Select One ◯Independent ◯Needs Minimal Assistance ◯Needs Significant Assistance
Teaching and Support Strategies Used
Observation

Task
Skill Demonstrated
Skill Level: Select One ◯Independent ◯Needs Minimal Assistance ◯Needs Significant Assistance
Teaching and Support Strategies Used
Observation

Task
Skill Demonstrated
Skill Level: Select One ◯Independent ◯Needs Minimal Assistance ◯Needs Significant Assistance

Teaching and Support Strategies Used

Observation

INTERESTS

Identify the individual's interests, revealed through discovery observations, conversations, and activities

STRENGHTS

Identify the individual's strengths, revealed through discovery observations, conversations, and activities

COMMUNICATION SKILLS

Describe the individual's communication skills. Include the primary communication method, receptive communication preference, expressive communication, handling stress or criticism, and interaction with others

SOLUTIONS TO IDENTIFIED BARRIERS TO EMPLOYMENT GOAL

Describe basic skills and literacy. Include possible barriers to employment and strategies to overcome barriers such as learning barriers, learn multiple task instructions, reading, number or letter recognition

Describe any physical or health limitations related to employment and strategies to overcome. Such as stamina, mobility, dexterity, physical, personal needs, medications time or side effects

Describe accommodations and, or support needs and plan for implementation

Describe any other possible barriers to employment and strategies to overcome

Describe any social, emotional or psychological limitations and strategies to overcome barriers. Such as ability to interact with coworkers, appropriate behavior within the work setting, facilitate healthy relationships, tolerates environment

Completed By	Date