

Discovery Staging Record Cover Sheet

| Date: |
|---|
| Counselor: |
| Provider information: |
| Jobseeker: |
| The following cumulative DSR Discovery Staging Record is for Dates of Service from to |
| This time was spent identifying information recorded in Stage(s) |
| Billable Hours: |
| Authorization Code(s) |

Discovery Staging Record

Instructions: This form is used to stage, structure, capture and record the major events of Discovery. The recorder(s) should pay particular attention to how the tasks are typically performed, any accommodations, technology, supports, or specialized training strategies that should be employed. Handwritten discovery notes should be used in the field during the discovery activity with information summarized here. NOTE: The DSR is a flexible document, changing as situations change. Feel free to update it when needed, but be sure to insert any new/updated information into the form fields WITHOUT overwriting or erasing the original information you entered. That way the DSR will keep a record of the original activities and in chronological order, the newest changes. Here is how to insert: return to the beginning of the section where the new information will be added. Place the curser above the existing information and type in the new date followed by the newest discovery information. The old information should stay in place. A quality DSR has more verbs than adjectives. It describes the development and observations of activities.

| Name: | | |
|------------------------|--|--|
| | Date started | Date completed: |
| Family | Contacts: | |
| Phone | ext | E-mail: |
| Person(| s) completing Discovery Rec | ord: |
| Addition | nal Contact Information: | |
| Team M | Members and Responsibilities | 3: |
| Consult | ants/Experts to Contact: | |
| (| Comments/Considerations: | |
| | | borhood Observation |
| This section | on includes "relevant" information not | only from interviews and conversations but from your observations. |
| Who wi | | eted? fe? |
| | ary step: review records, files, as be of relevance: | ssessments to establish current issues, cautions, training, etc., |
| - <u>Initial In</u> | nterviews: Begin with the individ | dual's home and/or family home (if residing there). |
| _ | Date: | |
| Reca | up of Information (attach field n | notes, pictures): |

| | Observations of home, bedroom, property, belonging | gs that seem relevant: |
|----|---|------------------------|
| | Specific chores & tasks performed at home: | |
| | Hobbies, Sports, Collections, Interests noticed during | g home visit: |
| | Family/friend/community activities individual engage | es in and regularity: |
| | Neighborhood Mapping (resources, employers, transactivities, civic engagement): | |
| | Talents, interests, skills, and tasks observable/reveale | d: |
| | Activities, situations, & locations that need to be avo | ided: |
| St | age Two: Others to be Interviewe | ed 🛮 |
| 1. | Name: | |
| | Relationship/role: | |
| | Person responsible: | |
| | - | Date accomplished |
| | What was learned? | |
| 2. | | |
| | Relationship/role: | |
| | Person responsible: | 5 |
| | What was learned? | Date accomplished |
| 3. | Nama | |
| Э. | Name: | |
| | Person responsible: | |
| | 1 013010 103100100000 | Date accomplished |
| | What was learned? | |
| 4. | Name: | |
| | Relationship/role: | |
| | Person responsible: | |
| | What was learned? | Date accomplished |
| E | Nama | |
| 5. | Name: | |
| | Person responsible: | |
| | 1 visum responsibut. | Date accomplished |
| | What was learned? | 1 |
| | | |

| 6. Name: | |
|---|------------------------------------|
| Relationship/role: | |
| Person responsible: | 2 |
| What was learned? | Date accomplished |
| <i>Patterns Emerging:</i> (Tasks, Interests, Talents & Skill | ls): |
| Request Benefits Planning Q | uery (BPQY) from SSA: |
| Date Requested: | |
| Information Learned: | |
| PASS Potential (or other Work Incentives to investiga | |
| Referral for Technology Assessment | t (State Tech Project or other): |
| Considerations: Adaptations, assistive or universal tecl outcomes and in augmenting performance in employn | |
| Reason for Referral: | |
| Date Requested: | |
| Information Learned: | |
| | |
| | |
| Stage Two: Discovery Visits | |
| Identify approximately five places where this individual context to their Interests, Talents & Skills – TAKE Pl 1. | 9 |
| Person responsible: | By this date: |
| - | Date accomplished |
| 2 Person responsible: | Por this dator |
| Person responsible: | By this date: Date accomplished |
| 3 | ± |
| Person responsible: | By this date: |
| 4. | Date accomplished |
| 4Person responsible: | By this date: |
| 1 | Date accomplished |
| 5 | D .1 · 1 . |
| Person responsible: | By this date: Date accomplished |

Observations

Note your observations for each location, date, the specific tasks engaged in, skills utilized, and specific supports needed:

| 1. | Location: |
|----|------------------------|
| | Date: |
| | Tasks: |
| | Supports Needed: |
| | |
| 2. | Location: |
| | Date: |
| | Tasks: |
| | Supports Needed: |
| 3 | Location |
| ٦. | Location: Date: |
| | |
| | Tasks:Supports Needed: |
| | |
| 4. | Location: |
| | Date: |
| | Tasks: |
| | Supports Needed: |
| _ | |
| 5. | Location: |
| | Date: |
| | Tasks: |
| | Supports Needed: |
| 6. | Location: |
| • | Date: |
| | Tasks: |
| | Supports Needed: |
| | |
| 7. | Location: |
| | Date: |
| | Tasks: |
| | Supports Needed: |
| 8. | Logation |
| 0. | Location: Date: |
| | |
| | Tasks:Supports Needed: |
| | oupportu i recaca. |
| 9. | Location: |
| | Date: |
| | Tasks: |
| | Supports Needed: |

| 10. Location: |
|--|
| Date: |
| Tasks: |
| Supports Needed: |
| Summary of supports needed during these activities (be specific): |
| What environments & activities need to be avoided and why? |
| What places, skills and activities need more exploration? |
| Where/when will this exploration occur? |
| Who is responsible? |
| Report on follow-up exploration (Report each follow up activity with the date and descriptive narrative. Include what was learned, who participated, and the name of the person responsible for the activity): |
| Stage Three: Vocational Themes (not job descriptions or business ideas) |
| |
| Emerging themes that meld Tasks, Interests, Talents, and Skills: |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |

Select and Arrange Informational Interviews to Add to Discovery

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(Including short, preferably paid, work experiences in businesses or non-profits)

| | | 1 / |
|----|--|---|
| 1. | Location: | |
| | Person responsible: | |
| | - | Date accomplished |
| | Observations: | |
| 2. | Location: | |
| | Person responsible: | By this date: |
| | Observations: | Date accomplished |
| 3. | Location: | |
| | Person responsible: | By this date: |
| | 1 | Date accomplished |
| | Observations: | |
| 4. | Location: | |
| | Person responsible: | 2 |
| | Observations: | Date accomplished |
| 5. | Location: | |
| | Person responsible: | |
| | Observations: | Date accomplished |
| | Note Supply & Customer Chain connections from each location Development options as appropriate. Record this information use Three: Vocational Profile marize findings from Discovery and include the following | nder "Observations" above. |
| | on is identified | ng ni your description. It is clear |
| 1. | Interests, Talents, Skills, Tasks as observed; best ecomode/methodology; places/situations to avoid; pers savings, transportation); most endearing/engaging quantum control of the control | onal resources (benefits, family support, |
| 2. | Ideal Conditions of Employment: | |
| 3. | What "off the job" support will be needed and who | will provide? |
| 4. | How will this person stay in contact with their friend | ls, and who will ensure this? |
| | | |

| 5. | How will this person get to and from work? |
|----|--|
| 6. | What is this person's ideal work schedule (days and hours) and why? |
| | |
| | ptive paragraph summarizing the individual's Vocational Profile (highlight concrete skills, and potential contributions to a workplace): |

Stage Four: Job/Business Development Plan

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Note that in many States this Stage is not funded under Discovery/Assessment. This Stage instead signals the beginning of the Job Development and/or Career Planning Milestone.

List of Twenty Places where people with similar Vocational Themes Work:

| Theme 1: | Theme 2: | Theme 3: |
|----------|----------|----------|
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |
| 10 | 10 | 10 |
| 11 | 11 | 11 |
| 12 | 12 | 12 |
| 13 | 13 | 13 |
| 14 | 14 | 14 |
| 15 | 15 | 15 |
| 16 | 16 | 16 |
| 17 | 17 | 17 |
| 18 | 18 | 18 |
| 19 | 19 | 19 |
| 20 | 20 | 20 |

| Note: Create representational portfolios, picture books, resumes, and other tools for job | | | |
|--|--|--|--|
| | | | |
| development as needed. Person responsible: | | | |
| | | | |
| Describe the job development tool (attach or submit with this DSR): | | | |
| | | | |

DSR Final Approval Signatures For Discovery

NOTE: From this point forward you will continue to use the format described in Stage 4 to report all job development activities for wage employment.

For self-employment or business-within-a-business you will report through narrative case notes, submission of a business plan, and any negotiations documenting job development.

DSR Final Approvals Signatures in this section are done when the jobseeker and others decide this DSR answers the question "Who is this person?", and all Team members agree to the direction the job development plan is going. This signals the end of Discovery and the jobseeker moves into job development and placement activities.

| Participant: | Date: |
|--|-------|
| Conservator/Care Provider: | Date: |
| VR Counselor Signature: | Date: |
| ACRE Certified Customized Employment Specialist: | Date: |
| Vocational Manager: | Date: |

Stage Four: Informational Interviews for Job Development

Utilizing information gained during Discovery and summarized in this DSR, select 3 or 4 businesses from the list above and arrange Informational Interviews, or short-term Work Experiences, Internships, and Modified Apprenticeships for job development

| 1. | Business Name: | |
|----|--|-----------------|
| | Person responsible: | |
| | By this Date: | Date completed: |
| | Contact person and title: | |
| | Phone: <u>- ext.</u> e-mail: _ | |
| | Notes: | |
| | Information Learned: | |
| | Follow up (what, who and by when): | |
| | Negotiation Notes: Date: | Notes: |
| _ | D 1 37 | |
| 2. | Business Name: | |
| | Person responsible:By this Date: | |
| | · | • |
| | Contact person and title: | |
| | Notes: | |
| | Information Learned: | |
| | Follow up (what, who and by when): | |
| | Negotiation Notes: Date: | Notes: |
| | | |
| 3. | Business Name: | |
| | Person responsible:By this Date: | Deta Completed |
| | • | • |
| | Contact person and title: Phone: e-mail: _ | |
| | Notes: | |
| | Information Learned: | |
| | Follow up (what, who and by when): | |
| | Negotiation Notes: Date: | Notes: |

| 4. | Business Name: Person responsible: | | | | |
|----|-------------------------------------|--------|-----------------|--|--|
| | By this Date: | | Date Completed: | | |
| | Contact person and title: e-mail: | | - | | |
| | Notes: | | | | |
| | Information Learned: | | | | |
| | Follow up (what, who and by when): | | | | |
| | Negotiation Notes: Date: | Notes: | | | |
| 5. | Business Name: | | | | |
| | Person responsible: By this Date: | | Date Completed: | | |
| | Contact person and title: | | | | |
| | Phone: ext. e-mail: | | | | |
| | Notes: | | | | |
| | Information Learned: | | | | |
| | Follow up (what, who and by when): | | | | |
| | Negotiation Notes: Date: | Notes: | | | |
| | Rusinaas Namas | | | | |
| 0. | Business Name: Person responsible: | | | | |
| | By this Date: | | Date Completed: | | |
| | Contact person and title: | | | | |
| | Phone: <u>- ext.</u> e-mail: | | | | |
| | Notes: | | | | |
| | Information Learned: | | | | |
| | Follow up (what, who and by when): | | | | |
| | Negotiation Notes: Date: | Notes: | | | |
| 7. | Designed Name | | | | |
| /. | Business Name: Person responsible: | | | | |
| | By this Date: | | Date Completed: | | |
| | Contact person and title: | | | | |
| | Phone: ext. e-mail: | | | | |
| | Notes: | | | | |

| Information Learned: | | | | | | |
|----------------------|---------------|--------|--|--|--|--|
| Follow up (what, who | and by when): | | | | | |
| Negotiation Notes: | Date: | Notes: | | | | |

DSR Final Approval Signatures

NOTE: DSR Final Approval Signatures in this section are done when the jobseeker and others agree on the job (development) placement negotiated outcomes, outlining the specific strategies to be implemented for successful employment (i.e.; self-employment, wage employment, resource ownership, supported employment, customized work activities or schedules, etc.).

| Participant: | Date: |
|--|-------|
| Conservator/Care Provider: | Date: |
| VR Counselor Signature: | Date: |
| ACRE Certified Customized Employment Specialist: | Date: |
| Vocational Manager: | Date: |

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