

SELF-DETERMINATION GUIDE

Self-determination means having the knowledge and freedom to make informed decisions about your life and vocational goals. The following questions ask about your values, attitudes, and strengths as related to jobs. The questions also address any limitations or barriers that may affect your decisions.

The *Self-Determination Guide* is a tool that will give you and your Counselor information about yourself so that you can work together to identify an appropriate and realistic vocational goal. The *Guide* is one of many information sources that will help you and your Counselor to develop a goal as well as strategies for reaching your goal. Please note that the Division of Rehabilitation Services may refuse to provide financial sponsorship for any training or educational program supporting a vocational goal that does not complement your strengths, aptitudes, resources, and limitations.

When answering the following questions, please remember that there is **NO** right or wrong answer.

Strengths	
What are your talents?	_____

List three abilities about which you feel confident.	
1.	_____
2.	_____
3.	_____
What is a personal accomplishment that you are most proud of?	_____

What hobbies do you enjoy? What do you enjoy about the hobby? (Examples: I enjoy working on cars which requires that I work with my hands and understand how mechanical things work. I like to ride my bicycle which requires me to use my body to physically challenge myself.)	

What were your best subjects in school and why did you like them? (Examples: I found the subject interesting. I found the subject challenging. I found the subject easy to understand.)

What jobs have you had? _____

Which job(s) did you feel best suited your abilities and why? _____

Have you done volunteer work? If so, where and what type of work did you do? _____

Job Preferences

Think about what you want in a job. Please mark (X) all of the following that are important to you:

___ Work alone

___ Work that uses my mind

___ Work around people

___ Physical work

___ Work only Monday through Friday

___ Easy job

___ Work weekends

___ Challenging job

___ Work days

___ Work inside

Work nights

Work outside

Quiet workplace

Work with people

Active, busy workplace

Work with things

Little supervision

Job duties or tasks same everyday

A lot of supervision

Job duties or tasks different everyday

Important to work fast

Important to not work fast

Detail important

Detail not important

Others: _____

Of the job preferences that you marked as important, which three are the ***MOST*** important to you when considering a job?

1. _____

2. _____

3. _____

Job Dislikes

Think about what you don't want in a job. Please mark (X) all of the following items that you absolutely ***WILL NOT*** consider in a job.

Large company

Dusty places

Waiting

Long sitting periods

Pressure to work fast

Being too hot or too cold

Standing

Being told what to do

Dirty hands

Orders with no explanations

Heavy lifting

Repetitive tasks

<input type="checkbox"/> Travel long distance to work	<input type="checkbox"/> Jobs that require math
<input type="checkbox"/> Jobs that require reading	
Others: _____	

Personal Information
My impairment/disability is: _____

As a result of the impairment/disability, I have difficulties with: _____

I believe the difficulties can be overcome by: _____

What other obstacles stand in my way? (Examples: transportation, need for training, lack of family/social support, etc.) _____

Defining Career Goals
This section asks questions that get you to think about what kind of job you would like to have, the kinds of questions you need to ask about jobs, and how your skills and abilities fit in when considering a specific job.
My dream job is: _____

What about my dream job appeals to me? _____

What level of education or training is required for this job? _____

What skills does a person need for this job? _____

Do I have the skills for this job? Please list your skills that you believe apply to your dream job.

What are the characteristics of this job? (Examples: requires physical labor, work independently, repetitive tasks, etc.) _____

Does this job match job preferences and dislikes that I identified on pages 2 through 4? If necessary, review your identified preferences and dislikes on pages 2 through 4.

___ Yes

___ No

Is this job available in my community? If so, where? _____

If this job is not available in my community, I (please mark (X) only one response):

___ will relocate; or,

___ will not relocate.

How often do people get hired for this type of work? _____

How much money can I earn? _____

Is this salary enough for me to live independently? Yes No

What limitations do I have that would prevent me from working in my dream job? (Examples: physical demands, learning problems, lack of skills, etc.) _____

Are there other jobs that would better match my strengths and limitations? If so, what are they?

Action Steps

Please check (X) any/as many of the items below that would help you determine a vocational goal and overcome any obstacles for reaching your goal.

Career exploration

Appropriate clothing for job hunting

Writing a résumé

Interviewing skills

Completing applications

Information about disability accommodations

Finding job openings

Assistance with childcare

Accessing community services

Learning to stand up for myself

Communicating better

Problem solving

Handling conflict

Managing stress

Training

Disclosure of disability issues—when to disclose limitations, information about my disability

Other: _____

Client's Signature and Date: _____