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.  _______________________________________________________________________

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**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    |
___ Travel long distance to work    ___ Jobs that require math

___ 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: _________________________________________________

__________________________________________________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What about my dream job appeals to me?</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>______________________________________________________________________</td>
<td>______________________________________________________________________</td>
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<tr>
<td>What level of education or training is required for this job?</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>______________________________________________________________________</td>
<td>______________________________________________________________________</td>
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<tr>
<td>What skills does a person need for this job?</td>
<td>______________________________________________________________________</td>
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<tr>
<td>______________________________________________________________________</td>
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<tr>
<td>Do I have the skills for this job? Please list your skills that you</td>
<td>______________________________________________________________________</td>
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<tr>
<td>believe apply to your dream job.</td>
<td>______________________________________________________________________</td>
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<tr>
<td>______________________________________________________________________</td>
<td>______________________________________________________________________</td>
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<tr>
<td>What are the characteristics of this job? (Examples: requires physical</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>labor, work independently, repetitive tasks, etc.)</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>______________________________________________________________________</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>Does this job match job preferences and dislikes that I identified</td>
<td>___ Yes ___ No</td>
</tr>
<tr>
<td>on pages 2 through 4? If necessary, review your identified preferences</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>and dislikes on pages 2 through 4.</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>Is this job available in my community? If so, where?</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>______________________________________________________________________</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>If this job is not available in my community, I (please mark (X) only</td>
<td>___ will relocate; or, ___ will not relocate.</td>
</tr>
<tr>
<td>one response):</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>How often do people get hired for this type of work?</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>______________________________________________________________________</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>How much money can I earn?</td>
<td>______________________________________________________________________</td>
</tr>
</tbody>
</table>
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: ______________________________________________________