



Vocational








Profile

16

Pre-16



 Name		 school	
 Advisor's Name		 Date Profile Started	
 Reviewed			

Please type / handwrite / use voice to text (shortcut: Windows  key plus H)



Name: _____



Date: _____



All about



me!



Cut and paste



the



symbols



on



page

2



that



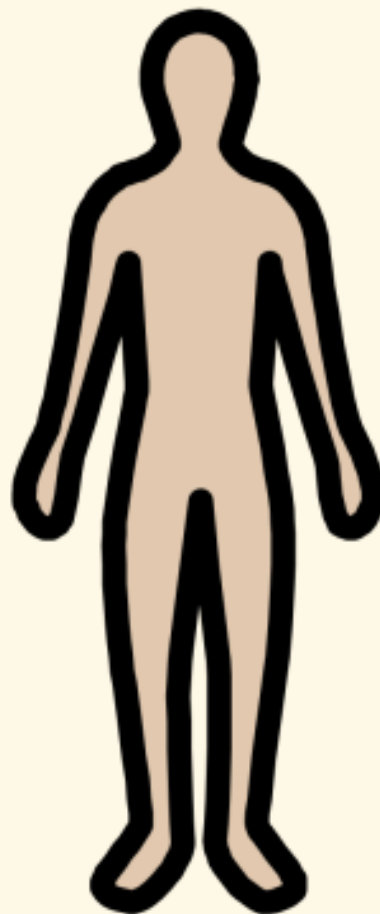
best



reflect



you!





Quiet



Chatty



Shy



Confident



funny



Moody



Cheerful



Anxious



Loud



work hard



wants to do well (ambitious)



caring



friendly



sociable



like being on my own



like people



Quiet



Chatty



Shy



Confident



funny



Moody



Cheerful



Anxious



Loud



work hard



wants to do well (ambitious)



caring



friendly



sociable



like being on my own



like people



Name: _____



Date: _____



Hobbies

+

and



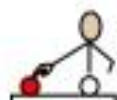
Interests



Tick



all



that



apply:

Cinema



Parks



Sports



Gaming



Family time



Music



Eating out



Animals



Reading



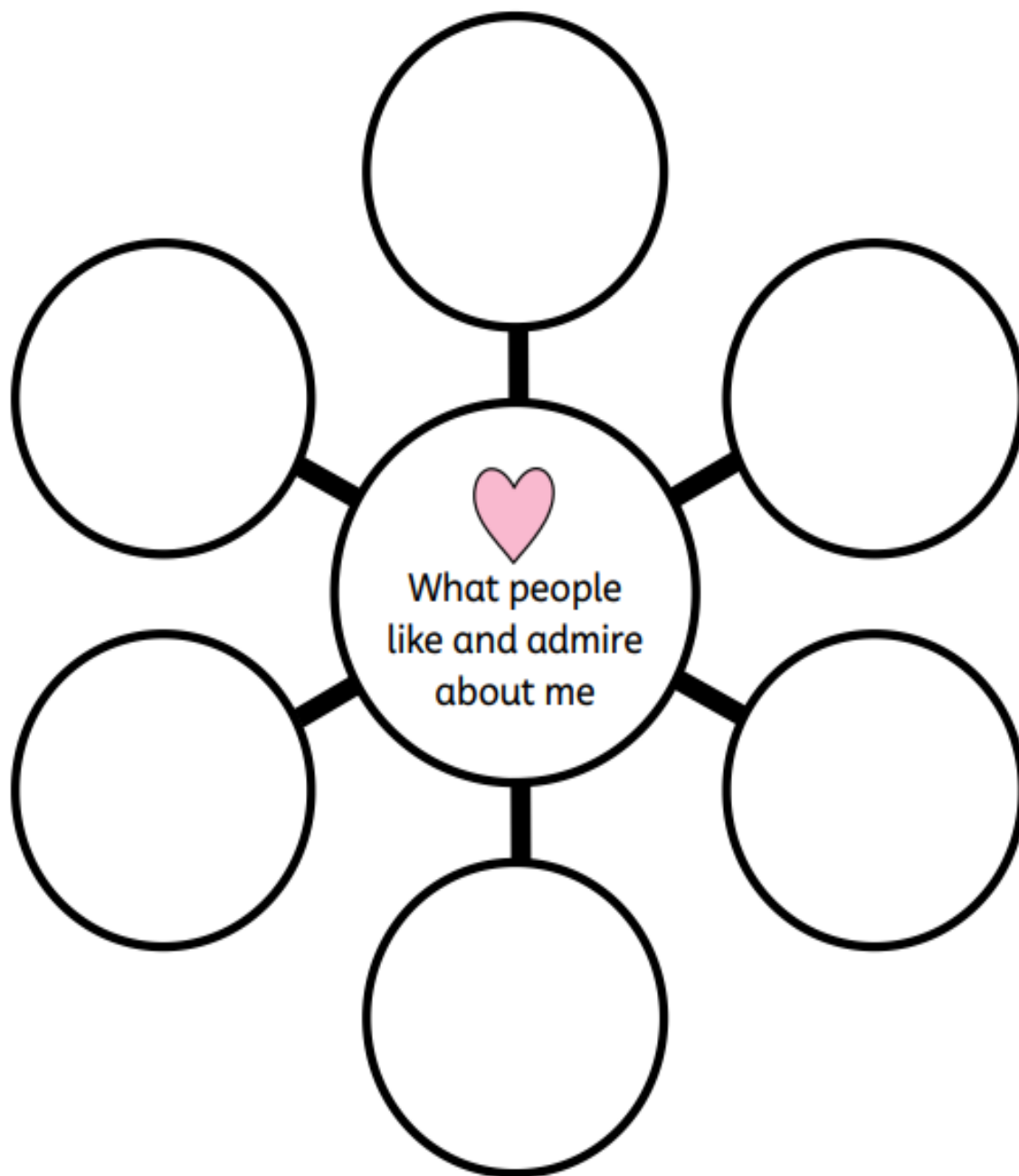
Other hobbies: (please write below)



Name: _____



Date: _____



If	there	are	any	circles	you	agree	with	and	also	like	/	admire
about	yourself,	colour	them	in	using	your	favourite	colour.				

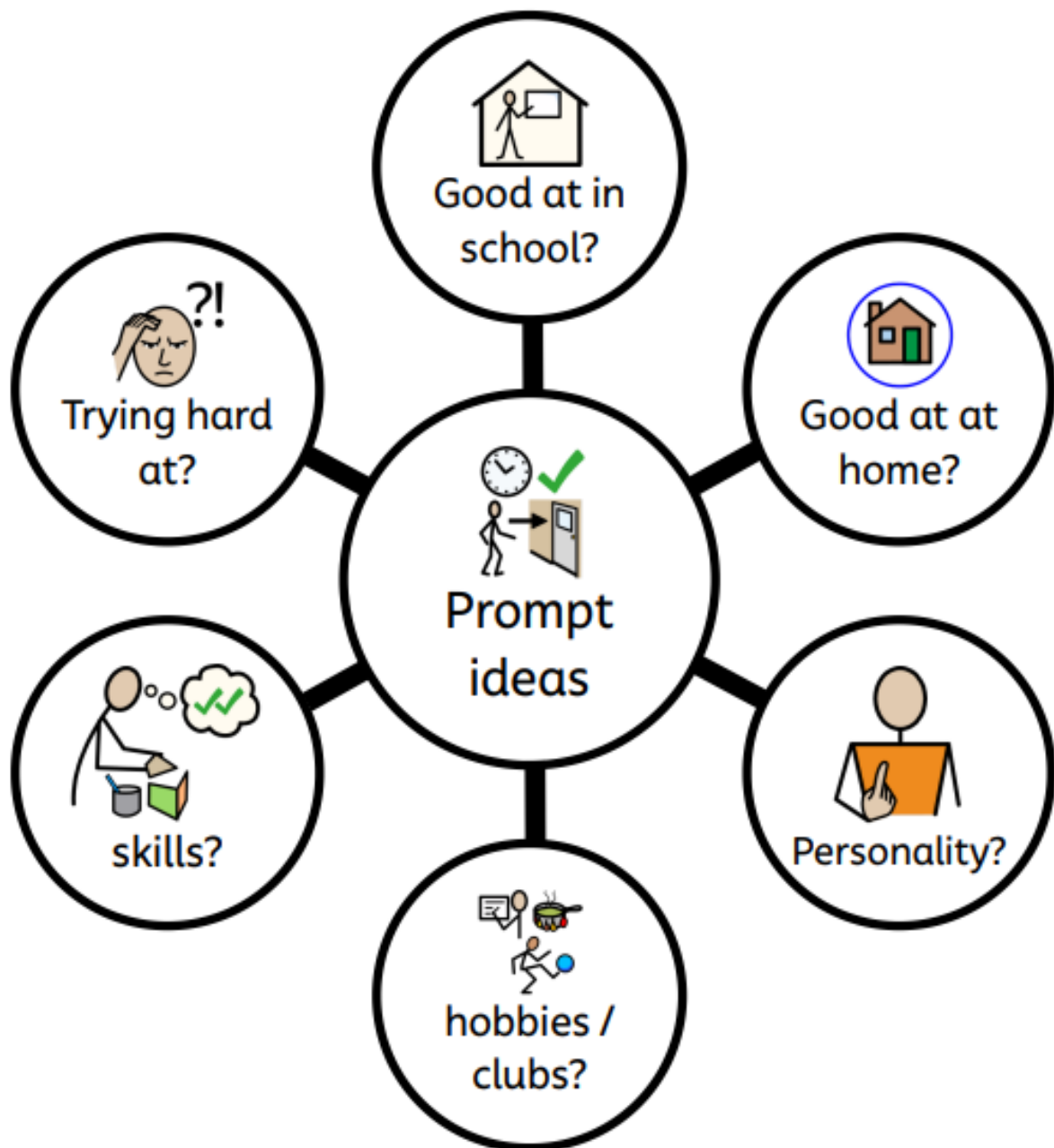


Name: _____

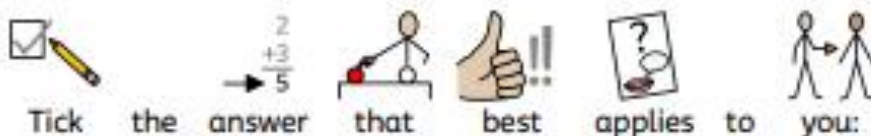


Date: _____

Ideas to help prompt.



Name: _____ Date: _____



Too much ☐
 Not enough ☐
 Just right ☐



Too much ☐
 Don't have one ☐
 Just Right ☐



Too much ☐
 Not enough ☐
 Just right ☐



I do loads ☐
 I do none ☐
 I do a bit ☐



Eat lots ☐
 Eat none ☐
 Eat some ☐



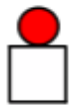
Drink lots ☐
 Drink none ☐
 Drink some ☐



Name: _____



Date: _____



On

a



scale

of

1 - 5

1

-

5,



please



choose.

?

How



confident



are you?

1



2



3



4



5



?

How



motivated



are you?

1



2



3



4



5



?

How



well



do you



communicate



with others?

1



2



3



4



5





Name: _____



Date: _____



What

is



helpful



at



school?



Cut and Stick



Helpful



Not helpful

Helpful		Not helpful	



Name: _____



Date: _____



What

is



helpful



at



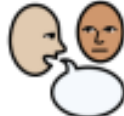
school?



Cut out answers



visuals



talking



sitting



moving



fidget



quiet space



friend



teacher



laptop



timetable



headphones



music



space



touch



drink



snack



sleep



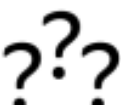
breaks



noise



music



questions



time



reader



mindfulness



Name: _____



Date: _____



Health: Medication



I



take



medication:



I don't



I take it on my own



I need some help



An adult does it for me



How



comfortable



do you



feel



about



sitting down



for a



long time?

1



2



3



4



5



How



confident



are you



walking



/ moving?

1



2



3



4



5



How



confident



are you



lifting?

1



2



3



4



5





Do you



have



trouble



with



any

of the



following?



Allergies



Yes



No



Hearing



Yes



No



Crowds



Yes



No



Sight



Yes



No



Smells



Yes



No



Touch



Yes



No



Lifts



Yes



No



Anything



else



to



add?



Name: _____



Date: _____



Communication



I



communicate



best



with:



Speech



Signing



Symbols



Electronic Device



Other



I



learn



best



with:



tell me



show me



a list



pictures / symbols



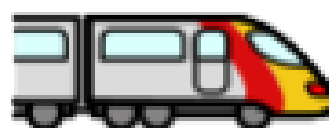
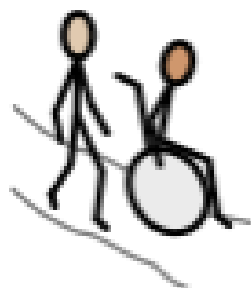
Name: _____



Date: _____



Travel



never

☐

on own

☐

with support

☐

never

☐

on own

☐

with support

☐

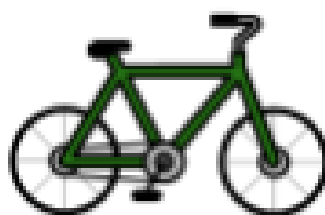
never

☐

on own

☐

with support

☐


never

☐

on own

☐

with support

☐

never

☐

on own

☐

supervised

☐

never

☐

get lift

☐

would like to
learn one day!

☐



Name: _____



Date: _____



Money



Which way



do you



prefer

to



use



Money?



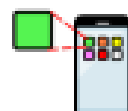
Cash



Card



Phone



App



Do you



have



your own:



Pocket Money



Bank Account



How



Confident



do you



feel



using



money



independently?

1



2



3



4



5





Name: _____



Date: _____



Time



How



do you



tell

the



time?



Phone



Watch



Analogue



Digital



Adult



Can



you



read



any

of



these



times?





Name: _____



Date: _____



Thinking about



getting

a



job

Circle any that are important to you.



learn new
skills



college



apprenticeship



job



home



own
business



go abroad



family



travelling



money



friends



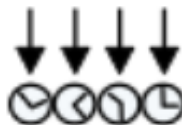
team



work at
own pace



help
others



routine



feel safe



feel valued



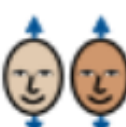
quiet place



busy place



independent



accepted



hands on



clean
place



supported



Name: _____



Date: _____

?



Would be ok at work



busy



quiet



work



outside



work



inside



work



alone



teamwork



moving



around



sitting

?



Would dislike at work



busy



quiet



work



outside



work



inside



work



alone



teamwork



moving



around



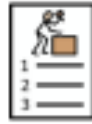
sitting



Name: _____



Date: _____



Planning



your



future



career



Using the



photos



on the



next



page



and



different



coloured



pens/highlighters



do



the following:



Highlight



any



work



places



you



have



visited.



Highlight



any



job



areas



that



interest



you.



Highlight



anywhere



you



have



done



work experience /



volunteering.



Highlight



any



jobs



you



think



best



fit



your



skills.

Admin / Office 	Animal Care 	Art 	
Beauty & Wellbeing 	Catering 	Caring for people 	
Childcare 	Cleaning 	Construction 	
Computing & digital media 	Customer service 	Emergency and uniform services 	
Environment 	Engineering 	Gardening 	
Hospitality 	Maintenance 	Performing Arts 	
Retail (shop) 	Science / laboratory 	Social care 	
Sport & Leisure 	Transport 	Warehouse / delivery driver 	
Other:			



Now



chat



about



what



you



might



need

to



do

to



try



that



job.



Name: _____



Date: _____



Vocational



Profile



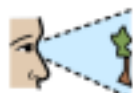
Review



My



view:



Views

of



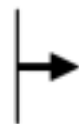
my



VIPs:



Feedback



from



Work experience:



Next



steps?



I



feel:



positive



OK



same



negative



Name: _____



Date: _____



Vocational



Profile



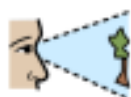
Review



My



view:



Views

of



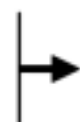
my



VIPs:



Feedback



from



Work experience:



Next



steps?



I



feel:



positive



OK



same



negative



Name: _____



Date: _____



Vocational



Profile



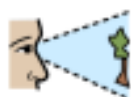
Review



My



view:



Views

of



my



VIPs:



Feedback



from



Work experience:



Next



steps?



I



feel:



positive



OK



same



negative