

**STATE AGENCY REHABILITATION COUNSELORS' PERCEPTIONS
TOWARD THE USE OF VOCATIONAL EVALUATION**

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ABSTRACT

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The purpose of this study is to investigate the perceptions of the use of vocational evaluation by state rehabilitation counselors and to identify what their needs are related to the types of assessments they are looking for. In addition, this study will examine use of and follow through of recommendations from vocational evaluations in employment plans. This study will also look at trends in the use of specific types of evaluations and for specific populations and reasons why counselors may not be referring for vocational evaluation services.

With the shift toward client empowerment and informed choice, vocational evaluations are moving toward a focus on community-based assessments and within this process, there is often reluctance on the part of the rehabilitation counselor, as well as the evaluator, to change to satisfy the needs of the time. The importance of this study is to determine how the values of rehabilitation counselors are affecting clients' access to services, specifically vocational evaluation, which could have an impact on the outcomes of the rehabilitation goal. This study

will play a role in determining what rehabilitation counselors perceive to be their needs for vocational evaluation following the 1992 Reauthorization of the Rehabilitation Act and the 1998 Rehabilitation Amendments and how this affects their utilization of these services. Results of this study will assist in identifying changes in the provision of services that may be needed to support the move toward client empowerment and potential related to employment.

TABLE OF CONTENTS

Abstract	ii-iii
Chapter I	1-6
Introduction	
Purpose/Rationale	2
Theoretical Framework	2
Statement of the Problem	3
Hypothesis/Objectives	3
Definition of Terms	4
Controlled Delimitations	6
Chapter II	7-19
Review of Related Literature	
Historic Overview	7
Theory/Research	8
Research in Relevant Areas	14
Summary	19
Chapter III	20-22
Methodology	
Specific Procedures	20
Population/Subjects	20
Methods	21
Data Collection	21
Analysis of Data	22
Chapter IV	23-42
Results	
Statement of Procedures	23
Chapter V	43-49
Conclusions/Recommendations	
Conclusions/Implications Based on Results	43
Implications/Recommendations for Future Research	48
References	50-52
Appendix A	53
Appendix B	54

CHAPTER I

Introduction

The field of Rehabilitation historically has focused on serving people with disabilities. In recent years, legislation, including the Rehabilitation Act of 1973 among others, has committed to increasing the quality of services to people with disabilities and has worked to break down barriers (Rubin & Roessler, 1995). An essential part of the rehabilitation process is the relationship of the rehabilitation counselor with the consumer as well as other service providers.

The rehabilitation counselor's role has typically involved wearing many hats, but largely their function is to minimize consumer's functional limitations and maximize opportunity for employment. Specifically, counselors are responsible to coordinate services for physical, social, emotional, financial, medical, personal, and vocational development (Rubin & Roessler, 1995). Additionally, the counselor needs to act as a consultant for the client to gather information and access resources that will help that person reach their vocational goals. In rehabilitation, vocational evaluation is often utilized to gather information regarding the vocational aptitudes, achievements, and interests that is specific to the vocational goal and will be predictive in nature to future performance (Szymanski & Parker, 1996). Vocational evaluation not only focuses on the abilities of individuals related to work, but also supplies the information necessary to assist clients in making informed vocational decisions. Therefore, it is important that clients be aware that assessment plays a key role in the vocational counseling relationship (Szymanski & Parker, 1996).

With the shift toward client empowerment and informed choice, vocational evaluations are moving toward a focus on community-based assessments to meet the needs of clients working toward a career path. Within this process, there is often reluctance on the part of the

rehabilitation counselor, as well as the evaluator in terms of changing to satisfy the needs of the time. The importance of this study is to determine how the values of rehabilitation counselors are affecting clients' access to services, specifically vocational evaluation, which could have an impact on the outcomes of the rehabilitation goal. This study will play a role in determining what rehabilitation counselors perceive to be their needs for vocational evaluation following the 1992 Reauthorization of the Rehabilitation Act and the 1998 Rehabilitation Amendments and how this affects their utilization of these services. Results of this study will assist in identifying changes in the provision of services that may be needed to support the move toward client empowerment and potential related to employment.

Rationale for the Study

The purpose of this study is to investigate the perceptions of the use of vocational evaluation by state rehabilitation counselors and to identify what their needs are related to the types of assessments they are looking for. In addition, this study will examine use of and follow through of recommendations from vocational evaluations in employment plans. This study will also look at trends in the use of specific types of evaluations and for specific populations and reasons why counselors may not be referring for vocational evaluation services.

Theoretical Framework

The theoretical framework is based on the notion that achieving employment outcomes consistent with client values is an important part of the rehabilitation process, especially with the movement toward empowerment and informed choice with the 1992 Reauthorization of the Rehabilitation Act and the focus of competitive employment outlined in the Amendments of the Rehabilitation Act of 1973 (Wolf-Branigin, Daeschlein, Cardinal and Twiss, 2000). The most recent changes in the process of measuring client's potential relating to employment were

delineated in the 1998 Rehabilitation Amendments when it was stressed that vocational evaluation should be geared toward community-based assessment or situational assessment and should begin to move away from work sample settings whenever appropriate.

Statement of the Problem

The purpose of this study is to describe the perceptions of vocational evaluation needs by rehabilitation counselors in state agencies as measured by a survey of rehabilitation counselors to determine what type of evaluations or assessments they are or are not purchasing. This study will also identify how rehabilitation counselors are using the results and recommendations from assessments for the provision of additional services and rehabilitation outcomes related to employment.

Research Objectives

This study will focus on the following objectives:

1. To determine if state agency rehabilitation counselors' view the purchase and use of vocational evaluation as highly beneficial or minimally beneficial.
2. To identify the three most common types of vocational evaluation services being purchased by rehabilitation counselors.
3. To identify the five most common client populations that is being referred for vocational evaluation services.
4. To determine how rehabilitation counselors are utilizing vocational evaluations and subsequent recommendations.
5. To identify the inconsistencies with vocational evaluation services across state agencies.

Definition of Terms

The following will provide definitions of terms that will be operationalized for the purpose of this study. The Glossary of Terminology for Vocational Assessment, Evaluation and Work Adjustment (Ed. Dowd, 1993) provided the definitions of the proceeding terminology.

Career development – The lifelong behavioral process and the influences on them that lead to one’s work values, choice of occupation (s), creation of a career pattern, decision-making style, role integration, self and career identity, educational literacy, and related phenomena. (Herr & Cramer, n.d. (as cited in Dowd, 1993) (p. 4)

Client – A person receiving services from an agency, business, school, or other service provider. (Fry and Botterbusch, 1988 (as cited in Dowd, 1993) (p. 6)

Functional limitations – Restrictions in physical or mental functioning that hinder an individual’s ability to perform tasks or activities of daily living. (Fry and Botterbusch, 1988, edited 1993(as cited in Dowd, 1993) (p. 10)

Psychometric instruments – Standardized instruments, typically pencil tasks, which measure aspects of cognition, psychomotor skills, affect, interest, needs, and values. They are important to the educational and individual’s personal, social, and vocational demands. (Fry and Botterbusch, 1988, edited 1993 (as cited in Dowd, 1993) (p. 22)

Rehabilitation counselor – A professional who helps persons deal with the personal, social, and vocational impact of their disabilities. The rehabilitation counselor assesses the strengths and needs of individuals; provides personal and vocational counseling; and may arrange for medical care, vocational training, and/or job placement. (U.S. Department of Labor, 1992 (as cited in Dowd, 1993) (p. 23) [For the purposes of this study, the rehabilitation counselor or counselor are those who are employed by state rehabilitation agencies.]

Situational assessment – The systematic observation process for evaluating work-related behaviors in a controlled or semi-controlled work environment. Although any type of task or situation may be used, real work is most often used in order to add relevance. The element distinguishing situational assessment from other types of assessment is the capability of systematically varying demands in order to evaluate work-related behaviors (e.g., social skills, quantity of work, and use of materials). (Fry and Botterbusch, 1988, edited 1993 (as cited in Dowd, 1993) (p. 25)

Vocational assessment – A comprehensive process conducted over a period of time, usually involving a multidisciplinary team.... with the purpose of identifying individual characteristics, education, training, and placement needs, serving as the basis for planning an individual's educational program, and which provides the individual with insight into vocational potential. (Dahl, as quoted in McCray, 1982 (as cited in Dowd, 1993) (p. 29)

Vocational evaluation – A comprehensive process that systematically uses work, either real or simulated, as the focal point for assessment and vocational exploration, the purpose of which is to assist individuals in vocational development. Vocational evaluation incorporates medical, psychological, social, vocational, educational, cultural, and economic data into the process to attain the goals of evaluation. (Tenth Institute on Rehabilitation Services, 1972 (as cited in Dowd, 1993) (p. 29)

Vocational evaluation services – Those services provided to accomplish vocational evaluation according to established standards. (Fry and Botterbusch, 1988 (as cited in Dowd, 1993) (p. 30)

Vocational evaluator – A qualified vocational evaluator is one who is eligible for or Certified in Vocational Evaluation (CVE) by the Commission on Certification of Work Adjustment and

Vocational Evaluation Specialists (CCWAVES). (Vocational Evaluation and Work Adjustment Association, 1990 (as cited in Dowd, 1993) (p. 30)

Work sample – A well-defined work activity involving tasks, materials, and tools that are identical or similar to those in an actual job or cluster of jobs. Work samples are used to assess a person’s vocational aptitudes (s), work characteristics, and/or vocational interests. There are several specific types of work samples: cluster trait, job sample, simulated, and single trait. (Fry and Botterbusch, 1988 (as cited in Dowd, 1993) (p. 32)

*Caution is recommended when generalizing these definitions for purposes outside of this research study.

Controlled Delimitations of Scope

Limitations of this study to consider include the rehabilitation counselors employed by state agencies that do not access their email accounts on a regular basis. Another plausible limitation is the lack of use of vocational evaluation by rehabilitation counselors for any number of confounding reasons. Some regions across the country may not employ an adequate number of qualified vocational evaluators, therefore limiting the access to these services.

CHAPTER II

Review of Related Literature

This chapter will examine the history of vocational rehabilitation, its purpose historically, subsequent legislation that has contributed to its development, and its role and function today. This chapter will also discuss the role of vocational evaluation within the rehabilitation process and its function related to employment. A summary of the current literature specific to these areas will be reviewed.

Historic Overview

Vocational rehabilitation and serving people with disabilities emerged in the early 1900's and was seen as the government's responsibility towards social betterment. The government was viewed as the entity that had the power and ability to offer equal opportunities to every citizen. During World War I, this movement was expanded to help those who had become veterans of war develop residual capacities and training around their impairments (Rubin & Roessler, 1996).

Legislation began to emerge as a result of the need for the provision of vocational rehabilitation services for worker's injured in industrial accidents and soldier's returning from war who required vocational rehabilitation services due to injuries from war that were preventing employment. In 1935, the Social Security Act mandated vocational rehabilitation as a permanent state-federal program. Lenihan, 1977 (as cited in Rubin & Roessler, 1996) outlined Congress' recognition of vocational rehabilitation as "a matter of social justice, a permanent on-going public duty that should not depend on periodic determination of deservability."

The development of vocational rehabilitation has largely been due to subsequent legislations such as the Vocational Rehabilitation Act Amendments of 1954. This act established guidelines for professionals, increased federal funding, and initiated the expansion of rehabilitation facilities (Moore, Graves, & Patterson, 1997; Rubin & Roessler, 1996). The Vocational Rehabilitation Act of 1973 and its amendments have also had great impacts into the provision of services for people with disabilities and have led to continued improvements in legislation with commitment toward nondiscrimination on the basis of disability, greater quality of life and gainful employment for people with disabilities as the end goal (Moore, Graves, & Patterson, 1997; Rubin & Roessler, 1996).

Another legislation, the Americans with Disabilities Act (ADA) has worked toward mandating removal of structural barriers and accessibility to their communities for people with disabilities. The ADA has made breakthrough progress in terms of integrating people with disabilities into society and focusing on the contributions that all American citizens have the right to participate in (Rubin & Roessler, 1996).

The following review of literature will cover the current status of people with disabilities involved in the state vocational rehabilitation programs and the function of vocational rehabilitation and vocational evaluation services in relationship to employment and empowerment of people with disabilities and how this is impacting rehabilitation outcomes.

Theory/Research Literature Specific to Topic

Relationship between Rehabilitation Counselors and State VR Clients

A review of the literature suggests that achieving employment outcomes consistent with client values is an important part of the rehabilitation process, especially with the movement toward empowerment and informed choice with the 1992 Reauthorization of the Rehabilitation

Act and the focus of competitive employment outlined in the Amendments of the Rehabilitation Act of 1973. This shift can be reflected in new directions for rehabilitation counselors in working with clients. An important aspect of the role of the counselor is to assist the client in achieving goals of employment that are congruent with the clients' skills, aptitudes, and training (Rumrill & Roessler, 1999).

Wolf-Branigin, Daeschlein, Cardinal and Twiss (2000) discuss differing priorities between clients and counselors to help shed some light into the discrepancies between employment plans, recommendations and actual outcomes. Because the shift is moving toward client's choosing service providers, it becomes imperative that quality and satisfaction of those services are being upheld. The authors conducted a study on a consumer choice model by interviewing clients and counselors on their perceptions and values relating to this model. This model included the provision of person-centered planning, vocational profiling, employment advising, job carving, and job support. (Wolf-Branigin et. al, 2000).

Forty-three individuals including clients and counselors participated in this project and answered questionnaires following the project regarding their perceived value on importance of the services utilized for this model. As hypothesized, there were significant discrepancies between the importance that the counselor and client placed on the different components (Wolf-Branigin et. al, 2000). Clients placed the greatest level of importance on services that required the most time by the counselor and involved relationship-oriented components. Counselors placed the highest ratings on components that required the least amount of time and were outcome-oriented.

With the shift toward consumer informed choice and empowerment, state rehabilitation counselors are looking for outcome-oriented services that are less time consuming and more cost

effective (Thomas, 1999). This, in part, has been attributed to the increasing number of case files per counselor along with the structure and time constraints that the counselor is required to work under. This offers implications for further research in areas of discrepancies of valued services by counselors and clients and calls for the need to balance these values to strengthen relationships and thus outcomes in the rehabilitation process (Wolf-Branigin, 2000).

Healy (1990) criticized the traditional methods of career appraisal as relying too heavily on the rehabilitation counselor to determine appropriate career options rather than empowering the clients to be active participants in this process. It was argued that traditional assessments do not outline how clients can collaborate in this process and also do not take into account self-assessed abilities or the contexts in which the clients live to predict future success and to determine appropriate career choices (Healy, 1990).

Rehabilitation Outcomes

The literature has continued to emphasize the significance of identifying client's ability to perform the essential functions of the jobs within their vocational goal. The counselor's ability to help the client develop a career path is also reflective of perceived performance rating on the part of the counselor. Rehabilitation counselors are also moving toward incorporating career development into their practice and presenting it to the client in a self-directed style that will facilitate empowerment and self-determination (Rumrill & Roessler, 1999).

Another dynamic that directly influences rehabilitation outcomes is the sharing of information and resources by the rehabilitation counselor. An article by Barrett (1994) stresses the importance of the counselor to have an established association of contacts to provide access to this information and resources for their clients. Networking can prove to be mutually beneficial because it promotes communication between professionals and clients, and efforts

tend to be more focused on the specific goal (Barrett, 1994). Geyer and Johnson (1998) discuss a strategy for counselors to assist in utilizing occupational information from resources that may be somewhat outdated at this time. The authors specifically cover an approach to increasing counselor confidence in making vocational decisions based on occupational information in the Dictionary of Occupational Titles, which over the last decade has received some criticism over its reliability. Using the reliability estimates can help a counselor to get practical information about essential functions of the job, while using other resources to get updated information about the occupational clusters being investigated (Geyer & Johnson, 1998).

Attempting to measure the benefits clients receive from rehabilitation services is valuable to rehabilitation counselors and other service providers. Bolton (2001) discusses various instruments and assessment tools that can be of use in determining what benefits clients perceive from rehabilitation counseling and subsequent services. This can assist in calculating client outcomes and to verify that clients are benefiting from services (Bolton, 2001).

Rumrill and Roessler' (1999) recommendations for improvements in this area include integrating career development services in the responsibilities of the rehabilitation counselor and also to extend the status-26 closure from 90 days to strengthen placement outcomes. Rumrill and Roessler (1999) also suggested adding a Work Experience Survey to be distributed to clients 6 to 12 months after placement to identify their needs in physical accommodations, performance, satisfaction, and mastery of the job.

Vocational Evaluation's Role in Consumer Choice

A study conducted by Caston and Watson (1990) examined the relationships between vocational evaluation and the end results of rehabilitation plans by reviewing 185 closed case files of clients with diverse disabilities. At the time of this research, it was stated that vocational

evaluation was one of the most frequently purchased services by state rehabilitation agencies and an important step in predicting future vocational outcomes. The authors also examined contrasting outcomes related to other service provisions and their influence on rehabilitation outcomes (Caston & Watson, 1990).

McGuire-Kuletz and Ashley (2001) also conducted a similar study focusing on what rehabilitation counselors saw as their need for vocational evaluation services and to what extent these services were needed. Their findings pointed out that rehabilitation counselors valued the provision of vocational evaluation services and saw these services as necessary entities in the rehabilitation process. Taken as a whole, there was agreement between counselors that vocational evaluation should continue to employ services such as assessment, recommendations, job analysis, and work site accommodations (McGuire-Kuletz & Ashley, 2001).

The results of the survey by Caston and Watson (1990) revealed that counselors were rarely referring for vocational evaluation services and consequently would not have specific recommendations available concerning the potential for work outcomes to help in the decision-making process. It was also noted that half of the unsuccessfully closed files that were reviewed had not been through a formal assessment (Caston & Watson, 1990). The authors' review of several studies conducted regarding correlation between evaluation recommendations and rehabilitation outcomes was diverse, however it did indicate that there was very low congruency, if any, between the recommendations from evaluations and actual outcomes achieved (Caston & Watson, 1990).

One of the largest factors recognized was the fact that the majority of the evaluation reports came back with generic or no specific job recommendations. McGuire-Kuletz and Ashley (2001) also found that counselors expressed the need for quicker assessments and

more timely turnaround for reports and also articulated the need for “user friendly” reports and recommendations that could be easily understood by clients and reflect practical options.

Suggestions included in reports were often for additional service provisions such as additional training, work adjustment, and job placement services. Clients who followed the advice of additional training had the lowest successful outcomes and when specific job options were given, the client was typically already successfully employed in another vocational area (Caston & Watson, 1990).

Following the initial survey to rehabilitation counselors regarding their needs for vocational evaluation services, McGuire-Kuletz and Ashley (2001) set up a trial program to implement the suggestions received by the counselors. Some of the changes included the addition of consultation by vocational evaluators, job matching software, standardized job analysis format, a nine-day training in rehabilitation technology for vocational evaluators, and a “user friendly” report format to ensure that counselors and clients could easily understand the content (McGuire-Kuletz & Ashley, 2001).

After the implementation of these changes, a follow-up survey was sent to the rehabilitation counselors based on the original identified needs and their perceptions of how these changes affected the provision of vocational evaluation services. Out of 175 surveyed counselors, 113 responded to the follow-up survey and ninety-nine percent reported that they felt vocational evaluation services were beneficial in working with state rehabilitation clients and were satisfied with the outcomes. There was also a 20% increase of referral to vocational evaluation from the previous year, 100% increase of job analysis from the previous year, and 50% increase in evaluation consultations from the previous year (McGuire-Kuletz & Ashley, 2001). These changes demonstrate significant changes in the utilization of vocational evaluation

services based on relatively simple changes in the facilitation of these services. It is important to recognize that these changes were based on feedback and recommendations from counselors and that this can be imperative in the benefits and outcomes clients receive.

The literature indicates that because of the comprehensive nature of vocational evaluation, rehabilitation counselors are requesting less referrals for these services and are replacing them with quick assessments. As mentioned earlier, vocational evaluation has, in turn begun to move their focus toward career development in an effort to satisfy needs for informed choice and empowerment in the rehabilitation process. This evolution is moving in two directions including career assessment and community-based assessment (Thomas, 1999). *Career assessment* will concentrate on informed choice of the consumer in career development and will utilize portfolios to be used by the consumer in personal job development. Rehabilitation counselors will continue this process by following up with the client to help ensure empowerment through self-assessment. *Community-based assessment* will provide specific information to clients about the realities of specific jobs in terms of tasks, skills, and essential functions (Thomas, 1999).

Thomas (1999) also suggested that reports from evaluations are moving in the direction of specific, practical, prescriptive recommendations that will stress career planning as opposed to static, entry level positions. This is consistent with the shift toward client's becoming the consumer of services and the push for career development.

Research in Related/Relevant Areas

Vocational Evaluation for People with Disabilities

An article by Holzbauer and Berven (1999) discusses testing of people with disabilities and implications regarding accommodations and assessment. The authors noted that in Section

504 of the Rehabilitation Act of 1973, there were provisions for reasonable accommodations for testing people with disabilities by implementing “modification of examinations” (Holzbauer & Berven, 1999). As cited in Holzbauer and Berven (1999), the Code of Professional Ethic for Certified Rehabilitation Counselors Rule 7.2 states:

Rehabilitation counselors will proceed with caution in attempting to evaluate and interpret the performance of individuals with disabilities, members of minority groups, or persons who are not represented in standardized norms. Rehabilitation counselors will take into consideration the effects of socioeconomic, ethnic, disability, and cultural factors on test scores (CRCC, 1997, p. 307).

This article discusses implications when standardized tests have been modified. The authors stress the importance of the evaluator to recognize that in instances when reasonable accommodation has been used in testing situations, caution should be used in interpreting the information based on standardized norms. Stoelting (1991) summarizes these implications when testing people with disabilities using Valpar Component Work Samples (VCWS). There are several different VCWS work samples and they are all different in the skills that they measure. When identifying a work sample to measure work potential, it is essential that the client’s physical and mental abilities be taken into account (Stoelting, 1991). All VCWS have been standardized to specific norm groups, but can still provide valuable information when accommodations are necessary.

Suggestions for accommodations can vary and depend on the individual but often are easy to employ. There are variations for working with visually impaired clients such as taped instructions. Administering a work sample sitting down when it is typically given standing up

can also accommodate physical restrictions. Timed work samples can inadequately measure skills for people with learning disabilities or anxiety disorders and often performance and quality ratings are sufficient when these tests or work samples are not timed. (Stoelting, 1991).

Holzbauer and Berven (1999) discussed ethical considerations and standards imposed by the EEOC to give guidance to evaluators in interpreting test results when accommodations have been utilized. Stoelting (1991) suggested that when determining testing methods with people with disabilities, identifying instruments that will emphasize client strengths and provide the least restrictive environment is critical. Interpretations of results should include any accommodations or alterations of the traditional method of administration and in some cases, retesting might prove beneficial. As cited in Holzbauer and Berven (1999) The Code of Professional Ethics for Rehabilitation Counselors Rule 7.3 states:

When non-standard conditions are required to accommodate clients with disabilities, or when irregularities occur during the testing session, those circumstances will be noted and taken into account when interpreting the test results (CRCC, 1997, p. 307).

In order to ensure that state rehabilitation clients receive the maximum benefit from services, it is important to understand the functions responsibilities of both the rehabilitation counselor and the vocational evaluator. At the same time, it is essential that all people involved in this process work to establish and maintain a good relationship, not only amongst each other, but also with employers in the community. Employers are the end consumers in this process and their needs have to be identified and met to have the client receive the maximum benefit and satisfaction from the rehabilitation process.

Role of Testing in Pre-Employment Selection

Traditionally, employers have relied on applications, resumes, and skills-based interviewing in their recruitment and employee selection process. Many times these efforts result in short-term employment or disqualification due to personality conflicts and negative work-related behaviors. Common reasons for releasing an employee are personality conflicts with the boss or other co-workers, attendance issues, negative attitudes or customer service concerns, and integrity issues (Slowik, 2001). Simply reviewing a resume and interviewing someone on their skills, knowledge, and abilities can foresee none of these problems. Yet this can cost employers on an average of \$17,000 to \$20,000 per hiring mistake and they are still in the position of recruiting and training a new employee (Blecher, 2001).

More and more employers, both small businesses and national corporations, are turning to additional screening measures in pre-employment selection. This can include behavior-based interviewing, behavioral testing, personality testing, and IQ testing (Kaplan, 1999). This has become very popular with many employers and for those who have had success with these new tools, they are receiving more qualified hires that offer long-term retention, less money spent on recruitment, hiring, and training of new candidates, and many claim that the work environments have become more positive due to personality compatibilities (Slowik, 2001).

The more tools that an employer accesses to determine the qualifications of a candidate, the higher the chances are that they will find a good match. Many people attempt to pump up their resumes by adding skills that they may not be proficient in and will also speak to these skills in an interview situation even though they may not have sufficient knowledge in that area. The chances of an employer getting an accurate picture of a candidate through resume and skills-based interviewing are approximately 14%. If the employer chooses to incorporate tests that

demonstrate that a candidate is compatible with the job in other aspects the chances of a successful hire can be as good as 75% (Blecher, 2001). Because the identification of what tools to use in recruitment can be time-consuming, the employer needs to be aware of what specifically they need to measure about a potential candidate to get the necessary job-related information without crossing lines into discrimination. Some personality tests will give insight into traits such as honesty, aggressiveness, and stress tolerance which all would be important for different types of jobs. Some tests will measure specific work traits such as predicting management success or leadership abilities. Others yet, such as IQ tests will give general information about an individual (Blecher, 2001).

Knowing what traits an employer is looking for initially will assist in determining how to go about the pre-employment selection process and how in-depth the employer wants to get into testing and measuring behavior-based skills. Slowik (2001) discussed three groups of information that an employer needs to go through to target the appropriate information. The first category should cover traditional information such as skills, knowledge, abilities, and experience necessary for the particular job or position. The second category deals with interests and requirements of the organization such as conflicts of interests, shift requirements, and other necessary policies that relate specifically to that company. The third category involves discussing problems that have interfered with work productivity and integrity in the past such as substance abuse, violence, and excessive absenteeism (Slowik, 2001). This process allows the interviewer to cover the necessary target information in a way where once information that would disqualify the applicant is disclosed, such as in category one, the interviewer does not need to go into categories two and three (Slowik, 2001).

According to Kaplan (1999), there are several issues that employers must consider when selecting pre-employment selection tools. These include discrimination, privacy, and appropriate and professional administration of the tools and in the interpretation of the results (Kaplan, 1999). When an employer makes the decision to take recruitment beyond skills-based interviews, they run the risk of potentially excluding specific groups of the population in the process, coming across personal information that might not otherwise have been revealed, or accidentally requesting information that is not pertinent for the position. This process of impending selective or restricted hiring jeopardized going against equal opportunities laws as well as anti-discriminatory laws (Kaplan, 1999). The best way for an employer to ensure that they are not crossing these lines in the hiring process is to make certain any assessment tools or measures do not screen out specific populations and to be familiar with the tools used and the extent to which they measure what they are looking for (Blecher, 2001).

CHAPTER III

Methodology

Specific Procedures

The participant population has been identified by the Council of State Administrators of Vocational Rehabilitation (CSAVR) through a comprehensive list of rehabilitation counselors employed by state agencies. Surveys have been sent to counselors across all fifty states and have been collected and reviewed. The descriptive data has been measured according to a five point Likert scale and analyzed in frequency, median, and standard deviation for each question. The three most common types of vocational evaluation services and the five most common client populations identified for referrals has also been ranked in this fashion.

Population and Subjects

The participants selected to take part in this study are rehabilitation counselors across the country that are employed by state vocational rehabilitation agencies. CSAVR was contacted by the advisor, Dr. Robert Peters, and was provided with the URL for the online survey. The cooperation of the Council was necessary to get a wide range of participants throughout the United States. State directors at participating agencies then provided the URL to counselors via email. CSAVR was contacted to get a compilation of email addresses that was used to identify the participant population for this study. Counselors that work with specific populations were not excluded nor was it distinguished between counselors that are CRC certified or not. There was no discrimination between the size of the caseload and how long the counselor has worked in the field. In order to make some discrepancies between the results, it was requested that counselors indicate if they work with specific populations and to estimate their average caseload.

Methods for gathering data/instrumentation

The data for this study consists of responses to questions on a web-based survey sent to rehabilitation counselors employed in state agencies. The sample consists of all counselors identified (estimated N=5,000 nationwide) for each state. A URL web survey was developed and provided to the administrators of each state agency who, in turn, provided the URL to field staff (counselors). A voluntary participation statement was provided with the survey and indicated that participation in this study is optional and confidential. This survey contains twenty-five questions and consists of yes or no questions as well as questions with options specific to each question. The same five Point Likert scale will measure all of these options. There is a section at the end of the survey that allows rehabilitation counselors to write additional comments.

Data Collection

The URL was present on the web for three weeks to allow for differential response rates to the survey.

Analysis of Data

In an attempt to quantify the data from these surveys, descriptive statistics were utilized to analyze the responses to the statements on the survey, item by item. The responses were analyzed using a Likert scale for ordinal data when appropriate. Other data was categorized by response and responses such as yes/no, gender, ethnicity, etc. and were compiled by frequency. SPSS software for was used for data analysis.

Accuracy precautions/strengths and weaknesses of methodology

The accuracy of the results of this survey depends on the rate of responses received. Problems within the survey that could possibly skew the results include discrepancies in the interpretation of the questions, misunderstanding of meaning from one region of the country to another. Another weakness would include a limited number of respondents. State agencies that do not participate would reduce the number of available participants. Web site failure would conceivably limit the participants.

CHAPTER IV

Results

This chapter will report the results of the survey that was distributed to state rehabilitation counselors across all fifty states. State rehabilitation counselors responded to twenty-five questions regarding perceptions of vocational evaluation and the use of vocational evaluation in the rehabilitation process. The survey requested information from rehabilitation counselors by accessing a website that contained the survey, a statement of risks and benefits, and a statement of the protection of human subjects in research indicating participation as optional and confidential. The survey was made available via the website for three weeks, after which the data was collected for analysis. The data was then gathered and converted into an Excel spreadsheet and then coded by SPSS for data analysis purposes. The responses to this survey will be evidence used to support or reject my initial research objectives.

The following are research questions that are the focus of this study:

1. To determine if state agency rehabilitation counselors' view the purchase and use of vocational evaluation as highly beneficial or minimally beneficial.
2. To identify the three most common types of vocational evaluation services being purchased by rehabilitation counselors.
3. To identify the five most common client populations which are being referred for vocational evaluation services.
4. To determine how rehabilitation counselors are utilizing vocational evaluations and subsequent recommendations.
5. To identify the inconsistencies with vocational evaluation services across state agencies.

Questions #1-5 asked questions regarding demographics of the rehabilitation counselors. Of 265 respondents to this survey, gender diversity of the group included 156 females and 103 males. There were 6 respondents that did not identify gender. Seven (7) respondents reported their age as between 20-27; 29 reported ages between 28-34; 42 reported ages between 35-40; 55 reported ages between 41-46; 127 reported their age as 47 or older. Five (5) respondents did not identify their age.

The group of participants included 9 African Americans, 1 Asian, 233 Caucasians, 5 Hispanics; 4 Native Americans; and 4 reported ethnicity as being other than those listed. Nine (9) respondents did not identify ethnicity.

Of the 265 respondents, 3 reported caseloads as under 25 cases; 22 reported caseloads of 25-75 cases; 104 reported having caseloads of between 76-125 cases; 91 reported caseloads of 126-175, and 37 reported caseloads of over 175 cases. Eight (8) respondents did not report their caseload size.

Respondents ranked disability groups of their caseloads with mental illness being highest with 108 as the frequency for the first ranking. Forty-three (43) respondents ranked developmental disabilities highest and 38 respondents ranked physical disabilities highest. Nineteen (19) respondents ranked orthopedic disabilities as being highest in their caseload, 18 reported sensory impairments as highest, and 16 reported other disabilities not listed as having the highest concentration in their caseload. Eight (8) respondents reported neurological disabilities as highest, 7 reported traumatic brain injury, and 2 reported immune system disorders as holding highest concentration in their caseload. Six (6) respondents did not rank the highest disability concentration in their caseload.

Sixty-six (66) respondents ranked developmental disabilities as the second highest disability group in the participants caseloads, 65 reported mental illness as second highest. Fifty-three (53) respondents reported physical disabilities as having second highest concentration in their caseload and 27 reported orthopedic disabilities. Sixteen (16) respondents reported other disabilities not listed as holding second rank in their caseload and 10 reported traumatic brain injury. Seven (7) respondents reported congenital disabilities second highest and 6 reported neurological disabilities as second. Sensory impairments were ranked second by 4 participants and musculoskeletal disabilities were ranked second by 3 participants. One (1) respondent reported circulatory disabilities as having second priority in their caseloads and 7 respondents did not rank the second highest concentration of disabilities in their caseload.

Fifty-five (55) respondents ranked developmental disabilities as third in concentration and 44 reported physical disabilities as third in their caseload. Mental illness was ranked third by 36 respondents and orthopedic disabilities were ranked third by 28 respondents. Twenty-seven (27) respondents reported other disabilities not listed as having the third highest concentration in their caseload. Traumatic brain injury was ranked third by 18 respondents and neurological disabilities were ranked third by 16 respondents. Congenital disabilities were ranked third by 12 respondents and 7 reported musculoskeletal disabilities are having third priority. Five (5) respondents reported sensory impairments as third in their caseload and 2 reported circulatory disabilities and also immune system disorders as being third. Thirteen (13) participants did not rank the third highest concentration of disabilities in their caseload.

Questions #6-8 inquired about referral information for vocational evaluations. Forty-three (43) counselors' reports career exploration as their primary reason for referring clients for vocational evaluation services. Twenty-six (26) counselors indicated their primary reason for

referral for vocational evaluation services was to expose clients to community assessment and 20 reported their primary reason for referral was for clients to explore vocational choices.

Psychological testing was reported as the primary reason for referral for 19 counselors and 16 counselors reported work assessment as their primary referral reason. Eleven (11) counselors report work development as their primary reason for referral and 2 reported job-seeking development as their primary referral reason. One-hundred twenty-four (124) counselors reports that their primary reason for referral included all of the above, while 4 respondents did not report their primary reason for referring clients for vocational evaluation.

Clients with developmental disabilities were the highest ranked disability population being referred for vocational evaluation services by 74 of the respondents. Sixty-five (65) respondents reported mental illness as the highest population being referred for vocational evaluation and 47 respondents indicated clients with physical disabilities as the highest ranked population. Twenty (20) participants reported orthopedic disability populations as the highest ranked group for referral and 16 reported sensory impairments as the highest ranked group. Thirteen (13) counselors ranked other disability population groups not listed as their highest population for vocational evaluation referral and 10 counselors reported traumatic brain injury as the highest referred group. Eight (8) counselors reported neurological disability populations as the highest referral group and 2 counselors reported congenital and immune system disorder disability populations as their highest population for referral. One (1) counselor reported musculoskeletal disability populations as ranked highest for vocational evaluation services. Seven (7) respondents did not rank the highest population group for vocational evaluation referral.

Eighty-six (86) counselors ranked mental illness as the second highest referred population and 51 reported physical disabilities as second highest referred group. Thirty-nine (39) counselors ranked developmental disabilities as the second highest referred population and 27 ranked orthopedic disabilities as the second highest referred population. Fifteen (15) respondents reported traumatic brain injury as the second highest group for referral and 13 reported neurological disabilities as the second highest group. Six (6) respondents reported sensory disabilities as the second highest referred population and 6 reported other disability groups not listed as the highest reported group. Five (5) counselors ranked congenital disabilities, as the second highest group for referral and 15 participants did not report the second highest disability group referred for vocational evaluation.

Forty-four (44) counselors ranked physical disabilities as the third highest disability population referred for vocational evaluation services and 42 counselors ranked developmental disabilities as the third highest referred group. Mental illness was ranked as the third highest population referred by 34 counselors and traumatic brain injury was ranked as the third highest population referred by 32 counselors. Other disabilities not listed were ranked as third by 29 participants and 22 counselors ranked orthopedic disabilities as the third highest population referred. Neurological disabilities were ranked third highest by 13 participants and 10 counselors reported congenital disabilities as third highest for vocational evaluation services. Sensory impairments were ranked third by 7 counselors and 6 counselors ranked musculoskeletal disabilities as the third highest referred population for vocational evaluation. Twenty-six (26) participants did not rank the third highest disability population referred for vocational evaluation services.

Of the 265 participants, 121 reported that 0-20 percent of their caseload is typically referred for vocational evaluation services. Fifty-nine (59) participants reported 21-40 percent of their caseload is typically referred for vocational evaluation and 30 participants reported 41-60 percent of caseload is typically referred. Twenty-four (24) respondents reported 61-80 percent is referred for vocational evaluation and 23 reported 81 percent or more of their caseload is typically referred to participate in a vocational evaluation. Eight (8) respondents did not report the percentage of their caseload that is referred for vocational evaluation services.

Questions #9-15 inquired about counselor's perceptions and involvement in the vocational evaluation process. Of 265 respondents, 47 (17.7%) reported their level of involvement in the vocational evaluation process as minimal. Thirty-nine (39) (14.7%) reported their level of involvement as occasional. One hundred and two (102) (38.5%) reported their level of involvement as moderate. Fifty-eight (58) (21.9%) reported their level of involvement in the process as high and 12 (4.5%) reported their involvement as very high. The mean level of involvement was reported at 2.80 with a standard deviation of 1.12. Seven (7) respondents (2.6%) did not report their level of involvement in the vocational evaluation process.

Participants were also asked to estimate the percentage of vocational evaluations they have purchased that they feel have been beneficial for their clients. Of 265 respondents, 2 indicated that they felt 99% of the vocational evaluations they have purchased were beneficial at 0.8%. Three (3) respondents indicated 98% of evaluations have been beneficial at 1.1% and 1 reported 96% of vocational evaluations have benefited their clients at 0.4%. Seven (7) reported that 95% of evaluations have been beneficial at 2.7% and 25 indicated that 90% of referrals to vocational evaluation has benefited their clients at 9.4%. Fourteen (14) reported that 85% of vocational evaluations have been beneficial at 5.3% and 24 reported 80% of vocational

evaluations have been beneficial at 9.1%. Twenty-one (21) respondents indicated that 75% of referrals have benefited their clients at 8.0%. Eight (8) respondents reported 70% of referrals benefited their clients at 3.0% and 4 indicated that 65% of referrals benefited their clients at 1.5%. Ten (10) respondents reported 60% of vocational evaluations were beneficial at 3.8% and 1 reported that 55% of vocational evaluations were beneficial at 0.4%. Seventeen (17) reported that 50% of vocational evaluations were beneficial at 6.4% and 1 reported that 45% of vocational evaluations were beneficial at 0.4%. Five (5) respondents reported that 40% of referrals were beneficial at 1.9% and 1 reported that 35% of referrals were beneficial at 0.4%. Ten (10) indicated that 30% of vocational evaluation services were beneficial at 3.8% and 4 reported that 25% of vocational evaluations were beneficial at 1.5%. One (1) respondent reported that 22% of referrals benefited their clients at .4% and 10 reported that 20% of vocational evaluations benefited their clients at 3.8%. Four (4) respondents indicated that 15% of referrals were beneficial at 1.6% and 3 reported that 12% of referrals were beneficial at 1.2%. Twelve (12) respondents indicated that 10% of referrals were beneficial at 4.5% and 5 reported that 5% of referrals were beneficial at 2.0%. Two (2) respondents reported that 4% of referrals benefited their clients at 0.8% and 1 reported that 3% of referrals benefited their clients at 0.4%. Six (6) reported that 2% of vocational evaluations were beneficial at 2.3% and 1 reported that 1% of vocational evaluations were beneficial at 0.4%. One (1) reported that 0.0% of referral were beneficial and 17 participants did not indicate what percentage of vocational evaluations they purchased had benefited their clients.

When asked how often counselors attend vocational evaluation staffings, of 265 respondents, 110 reported they always attend at 41.5%. Forty-two (42) reported they attend staffing most often at 15.8% and 43 reported they often attend staffings at 16.2%. Forty-one (41)

respondents reported they rarely attend staffings at 15.5% and 15 reported they never attend staffings at 5.7%. The mean level of involvement in staffings was reported at 3.76 with a standard deviation of 1.32. Fourteen (14) participants did not respond to the percentage of vocational evaluation staffings they attend at 5.3%.

Participants were also asked if they felt vocational evaluations tended to be of a certain style and to indicate what was incorporated into evaluations they referred for. Of 265 respondents, 85 reported that vocational evaluations included career exploration at 34%. Seventy-five (75) reported that vocational evaluations included psychometric testing at 30% and 56 reported that evaluations included work sample assessment at 22.4%. Sixty-five (65) respondents reported that vocational evaluations incorporated community-based assessment at 26% and 20 reported evaluations including job seeking skills development at 8%. Thirty-six (36) reported evaluations including work skill development at 14.4% and 56 reported that evaluations help clients to explore choices at 22.4%. One hundred and forty-four (144) reported evaluations incorporating a combination or some or all of the above mentioned at 57% and 14 did not respond to this questions at 5.3%.

When asked what aspects of vocational evaluation they felt were underrepresented in the provision of those services, of 265 respondents, 35 reported there was an under representation of career exploration in evaluations at 14%. Seventeen (17) reported that psychometric testing was underrepresented at 6.8% and 24 reported that work sample assessment was underrepresented at 9.6%. Seventy-six (76) reported that community-based assessment was underrepresented in evaluations at 30.4% and 46 reported that job seeking skills development was underrepresented at 18.4%. Forty-five (45) reported that work skill development was underrepresented at 18% and 28 reported that evaluations did not explore choices adequately at 11.2%. Of significant

measure, when asked about the incorporation of job analyses in vocational evaluation, 118 respondents felt this aspect was underrepresented at 47.2% and 158 respondents felt that evaluations did not incorporate labor market research into evaluations adequately at 63.2%.

Of the 265 respondents, 104 reported they view the vocational evaluation process overall as highly beneficial at 39.2%. Eighty-seven (87) reported they view the vocational evaluation process as moderately beneficial at 32.8% and 45 reported they view the process overall as somewhat beneficial at 17%. Fifteen (15) reported they view the vocational evaluation process as minimally beneficial at 5.7% and 1 reported that they viewed the vocational evaluation process overall as not being beneficial at 0.4%. The mean overall benefits of the vocational evaluation process reported were 4.10 with a standard deviation of 0.93. Thirteen (13) participants did not indicate how they view the vocational evaluation process overall at 4.9%.

Question #15 requested that counselors indicate specific reasons why they may not refer/purchase vocational evaluation services. Following are the narrative responses for this question as well as some specific reasons that appeared to be a trend among counselors.

If we have a lot of information about a person's employment, what kind of a worker they are, they have an idea of what they are good at as well as what they may not be so good doing.	1	.4	.4	32.1
Persons with recent and lengthy work histories.	1	.4	.4	32.5
1) It already exists and is obtainable. 2) The client may have a well-defined goal and I can produce a vocationally relevant view of the aptitude/ achievement potential along with interest data from other existing sources.	1	.4	.4	32.8
1. If appropriate documentation to determine eligibility is available. 2. If client has obtained training, in his chosen field, &/ or has a work history in that field, & desires to remain working in that same field.	1	.4	.4	33.2
1.Prior information available. 2. Use of transcript for formal training.	1	.4	.4	33.6
Actually I do not refer consumers for a traditional vocational evaluation. I am answering this survey with the initial Work Adjustment being referred to as an evaluation. The report is short but reviewed verbally.	1	.4	.4	34.0
Agencies do not have real work sites to evaluate client's abilities.	1	.4	.4	34.3
Although 100% of the evaluations purchased have been beneficial to me, they have been almost entirely psychometric. As far as actual vocational testing, the only thing available to most of my clients is the VALPAR, which I find very restrictive.	1	.4	.4	34.7
Applicant already has the training and experience in a particular career of choice or applicant would not benefit from traditional vocational evaluation.	1	.4	.4	35.1

As a stout graduate with a vocational evaluation, I am not satisfied with what many agencies consider a vocational evaluation. Rehabilitation is moving to have all consumers in the competitive employment field but many evaluations are still based in-house.	1	.4	.4	35.5
Availability of program and funding.	1	.4	.4	35.8
Based on the information you have and client choice, it may not be necessary.	1	.4	.4	36.2
Because Consumers already know their vocational goals.	1	.4	.4	36.6
Budget constraints and the belief that VR counselors should be providing the bulk of this with proper training and time.	1	.4	.4	37.0
Budget restrictions, plus vocational and career explorations available through Department staff.	1	.4	.4	37.4
I can obtain a comprehensive psychological evaluation for testing.	1	.4	.4	37.7
Career exploration; to determine readiness for work; and to examine functional limitations.	1	.4	.4	38.1
Case file already has the necessary information, or the client appears job ready and has proven that he or she has the skills needed.	1	.4	.4	38.5
Client's prior work history.	1	.4	.4	38.9
The client refuses to go.	1	.4	.4	39.2
Client already has a job and is in need of a VR service to maintain employment.	1	.4	.4	39.6
Client has a solid history in a particular career and is requesting to return to that line of work with accommodations.	1	.4	.4	40.0
The client has transferable work skills and job placement seems to be the logical next step. Also, client has work history, or school transcripts that demonstrate ability to refer directly into a training program.	1	.4	.4	40.4
Client is already in training on there own and performing well. I have testing from their High School that I can utilize and the vocation that they have selected is commensurate with their disability.	1	.4	.4	40.8
Client is employed, has no social services or time for evaluation, other social services commitments.	1	.4	.4	41.1
Client is receiving only restoration services and maintaining same employment.	1	.4	.4	41.5
Client knows what they want to pursue or possibly the client needs a more intensive assessment.	1	.4	.4	41.9
Client may not be in need of these services.	1	.4	.4	42.3
Client not very interested. Takes too long to arrange community sites for evaluation. Seems like case managers, social workers, etc. see it as not very useful.	1	.4	.4	42.6
Client not willing to undergo assessment.	1	.4	.4	43.0
I have clients who live in the rural areas and are not willing to drive to where the assessment is available.	1	.4	.4	43.4
Consumer already knows what he/she wants to do.	1	.4	.4	43.8
Consumer choice.	1	.4	.4	44.2
Consumer choice not to be evaluated in a formal, structured evaluation.	1	.4	.4	44.5
Consumer selects no assessment.	1	.4	.4	44.9
Consumers don't like stigma attached to facility/program.	1	.4	.4	45.3
Cost and delay in services. Also, results are often vague or not closely related to the reality of client--not tailored well enough.	1	.4	.4	45.7
Costs and delays to services.	1	.4	.4	46.0
Current funding constraints.	1	.4	.4	46.4
Deafness.	1	.4	.4	46.8
Evaluation process is too lengthy and clients are lost during the process.	1	.4	.4	47.2

Psychometric testing is inadequate.				
Evaluators tend to report what client wants to hear, even if it is not the best advice.	1	.4	.4	47.5
Facility-based evaluations are not valid.	1	.4	.4	47.9
For consumers that have a clear realistic vocational goal, it is not necessary. For consumers that have very limited vocational abilities, it is likely to provide no new information.	1	.4	.4	48.3
Gives the consumer a more realistic view of his/her skills if there are issues around that, especially after TBI.	1	.4	.4	48.7
Goodwill Industries pulled out- we don't have anyone right now.	1	.4	.4	49.1
I'm the office placement counselor and cases are generally referred to me after having completed evaluation services. I may develop voc. evaluation services if necessary when working with individuals.	1	.4	.4	49.4
I've used Vendor's in the past that reported only what the client or the client's family wanted to hear, rather than providing a comprehensive and accurate report. I no longer use them for voc. evaluations.	1	.4	.4	49.8
I always use evaluations when appropriate.	1	.4	.4	50.2
I do feel that often, academic skills need to be tested because almost everyone wants free education. However, I don't think that they look at the job market as much as they should or do work trials as much as they should.	1	.4	.4	50.6
I do not have any reasons.	1	.4	.4	50.9
I have not referred some due to the setting in a vocational rehabilitation workshop.	1	.4	.4	51.3
I have noticed a positive correlation to organizational employment recommendations when an organizational employment provider is conducting the vocational evaluation.	1	.4	.4	51.7
I MAY HAVE PREEXISTING INFORMATION AVAILABLE ALREADY. I MAY GET BETTER INFORMATION FROM WORK ADJUSTMENT TRAINING.	1	.4	.4	52.1
I may not refer someone for vocational testing if they have recently had testing within the last three years, or if they are very clear & certain about what type of work, or training program they want to pursue.	1	.4	.4	52.5
I prefer to complete my own evaluations. The exception would be when I require extensive vocational testing.	1	.4	.4	52.8
I serve mainly the Deaf & HOH population. Most evaluations available are not appropriate for these populations.	1	.4	.4	53.2
I will discontinue using a provider for vocational evaluation if the job exploration is not a demand occupation in the Las Vegas, NV labor market.	1	.4	.4	53.6
I would not purchase from an evaluator who tells me what I already know about the client (information in the referral package from me) and then focuses on the person's deficits or things they cannot do rather than on their abilities and potentials.	1	.4	.4	54.0
I would not refer anyone to an evaluation that was not going to listen to the person and address his or her interests.	1	.4	.4	54.3
I would not refer for an evaluation if there were other ways to assist the client with determining/supporting the vocational goal, such as school transcripts, previous work experience, etc.	1	.4	.4	54.7
If a client has a very specific vocational objective and we have evidence that it is within his functional limits and abilities, then I would not refer for evaluation.	1	.4	.4	55.1
If a client has some experience in chosen field or has done their "homework" already by exploring options, interviewing people in the field, working, and know what they want, we may not need to further explore.	1	.4	.4	55.5
If a person is currently employed or has a long work history and his disability is	1	.4	.4	55.8

not keeping him from that type of work.				
If based on the interview I can ascertain that the client has transferable (and/or marketable) skills.	1	.4	.4	56.2
If enough information is available (aptitudes, interests etc.) I don't refer for evaluation. Evaluations tend to be for lower-functioning individuals and my caseload consists of many college-bound consumers.	1	.4	.4	56.6
If it was not needed or client refused to attend.	1	.4	.4	57.0
If I believe I have enough information about the client to bypass this step.	1	.4	.4	57.4
If I feel confident that I already have the information needed to provide good vocational planning. For example, recent transcripts, client has already decided on a career goal that makes sense, or client is developmentally disabled and the goal is a good.	1	.4	.4	57.7
If I have a client with a solid work history and we have a good handle on their limitations, then I won't refer.	1	.4	.4	58.1
If I have adequate data on the person because they have been recently working, or they went through an evaluation in the last year.	1	.4	.4	58.5
If it is not warranted or needed in the vocational process by the consumer.	1	.4	.4	58.9
If referral information is thorough and the consumer has strong, seemingly realistic vocational direction already.	1	.4	.4	59.2
If sufficient information exists to make informed decisions without additional testing.	1	.4	.4	59.6
If the client and I have discussed specifically what he feels his vocational choices are.	1	.4	.4	60.0
If the client can accomplish making an informed vocational choice.	1	.4	.4	60.4
If the client does not have a high school diploma and does not desire any retraining, then I find it pointless to refer for vocational evaluation as the evaluators in this geographic area do not really provide career assessment services and vocational guidance.	1	.4	.4	60.8
If the client does not want to participate. Client may have already had a vocational evaluation.	1	.4	.4	61.1
If the client has a clear, realistic vocational goal.	1	.4	.4	61.5
If the client is already working.	1	.4	.4	61.9
If the consumer is not willing to be assessed.	1	.4	.4	62.3
If the individual has already chosen a career goal and has the data to support it.	1	.4	.4	62.6
If the person can demonstrate (by previous grades, for example) they have the abilities necessary for the goal and know what it is they want to do and they have a work history, I can often use that info to support the goal they have chosen.	1	.4	.4	63.0
If there are enough transferable job skills and enough available jobs are identified in the area.	1	.4	.4	63.4
If there is ample evidence in the background of work skills. If there is ample medical evidence to support eligibility. If the client has clear vocational goals that are reasonable. If there is a recent work history. If the client's goal is education.	1	.4	.4	63.8
If there is no question regarding the appropriateness of a vocational goal, vocational evaluation will not be purchased. Voc. evaluation is most useful to confirm or refute a vocational choice.	1	.4	.4	64.2
If there is sufficient academic information, testing and assessments on vocational evaluation will not be pursued.	1	.4	.4	64.5
If they are obvious sheltered workshop candidates, but still give opportunity for assessment/competitive work.	1	.4	.4	64.9

If they aren't needed I won't refer. Re: #17, if we had goals, I wouldn't refer.	1	.4	.4	65.3
If we have purchased other testing, which can be used to help determine a client's abilities, or if I have other information, which will allow me to make a good decision about a client's vocational strengths without purchasing standardized testing.	1	.4	.4	65.7
In completing this survey, I considered all referrals for voc. evaluations, not just Stout. I will usually use a closer option if they are able to provide a comparable service. I feel Stout does a good job, however, it was not listed above.	1	.4	.4	66.0
In the past, too many Vocational Evaluations stated basically the same thing.	1	.4	.4	66.4
Inadequately skilled evaluators.	1	.4	.4	66.8
Inappropriate for customer. Service not able to accommodate my customer.	1	.4	.4	67.2
Inappropriate vocational recommendations.	1	.4	.4	67.5
Individuals who know specifically what career they want to pursue.	1	.4	.4	67.9
Individuals who present with current records of such an evaluation.	1	.4	.4	68.3
Information gathered may suggest little or no competitive occupational choices available, i.e. consumer is too disabled.	1	.4	.4	68.7
It's obvious what skills the person has through past work experience. 2.) A "revolving door" client with enough information in the file. 3.) School student where vocational testing has already been done.	1	.4	.4	69.1
It depends on if the person doing evaluation is qualified to provide the service.	1	.4	.4	69.4
Job in Jeopardy situations. Recent positive job experience.	1	.4	.4	69.8
Job retention.	1	.4	.4	70.2
Lack of adequate assessment tools, unhelpful recommendations, vague recommendations.	1	.4	.4	70.6
Lack of client motivation in the process. Lack of vocational choices based upon evaluation results.	1	.4	.4	70.9
Lack of client transportation, client's reluctance to be evaluated, or an evaluation is not needed for the services to be provided.	1	.4	.4	71.3
Lack of commitment from a client, i.e. have not followed through on other appointments with me or outside vendors.	1	.4	.4	71.7
Lack of community based assessment/community placement with supports. From primary vendor of this service in my community.	1	.4	.4	72.1
Lack of funding. Training and job placement services are a priority as employment is outcome emphasized. Rural location is a factor. There are fewer services available in rural areas.	1	.4	.4	72.5
Lack of interest by client.	1	.4	.4	72.8
Limited vocational direction provided. Cost of Community-based Assessments vs. information imparted. Need to buy into agency's whole program following evaluation. The time from referral to evaluation. "Packaged" assessment vs. desire for individual assessment. Lack of options.	1	.4	.4	73.2
Major reason is transportation. Not able to get clients to the voc. evaluation center.	1	.4	.4	73.6
Many evaluations provide no new information; therefore I will not use that vendor.	1	.4	.4	74.0
Many times the vocational goals recommended do not match the labor market in the area in which the consumer resides and are unrealistic goals for a particular consumer.	1	.4	.4	74.3
I may already have adequate information regarding vocational goal and ability to accomplish the same.	1	.4	.4	74.7
Most of my clients are hearing impaired, the deaf/hard of hearing population does not benefit the acute testing, poor results since most testing fails to show	1	.4	.4	75.1

visual cue and hands-on experience.				
My assignment is at a college and as such, I have fewer opportunities or need to refer clients for evaluations. Only after clients fail or decide they don't like their current direction.	1	.4	.4	75.5
My caseload is completely school to work transition age and time constraints create a serious problem. Schools provide some assessment and work experience activities, but this is not consistent from school to school.	1	.4	.4	75.8
My clients are located in another county where voc. evaluations are not available and transportation is difficult for many of them.	1	.4	.4	76.2
N/A	2	.8	.8	77.0
NA	1	.4	.4	77.4
No useful evaluation programs available in this rural area.	1	.4	.4	77.7
Not all consumers require vocational evaluation to determine appropriate educational/employment goals. Might not use for an individual who has a clear idea of goals, wants to develop, and who seems to have potential for that goal.	1	.4	.4	78.1
Not needed. Client not interested. Vendor not available.	1	.4	.4	78.5
Often I receive a regurgitation of referral info. Frequently they don't consider all aspects of client needs. Sometimes they've been patronizing of client vs. honest. Good evaluations are hard to find.	1	.4	.4	78.9
On difficult situations, providing a "diagnosis" is not adequate. Solutions need to be provided that are realistic with the environment and individual's ability to receive their benefit.	1	.4	.4	79.2
Only where it is needed.	1	.4	.4	79.6
Participant refuses to take testing, or they have sufficient history (work, education etc.) to provide similar information.	1	.4	.4	80.0
People who know what they want to do and don't choose V.E.	1	.4	.4	80.4
Person has specific goal in mind and reasonable expectation that he can reach it (i.e. wants to finish college and we have recent transcripts), have IQ or other cognitive testing, and the person is capable of completing vocational research with assistance.	1	.4	.4	80.8
Persons or sources of Voc. Evaluations have poor information and it is a waste of money to refer when we do not get the information needed. It is really the evaluators in our area that we are restricted to.	1	.4	.4	81.1
Poor quality of information and extremely lengthy time periods from referral to completed report received. Also, a referral process that is unnecessarily cumbersome and redundant.	1	.4	.4	81.5
Previous experience in the desired field.	1	.4	.4	81.9
Previous work experience in a variety of settings.	1	.4	.4	82.3
When prior services were provided or consumer elects no assessment.	2	.8	.8	83.0
Questionable placement advisements.	1	.4	.4	83.4
Results and recommendations are often just a reflection of my own conclusions from meeting with the client.	1	.4	.4	83.8
Some clients have work history and/or only want entry-level work and paying money for a vocational evaluation is not necessary.	1	.4	.4	84.2
Specific contract may not meet the needs of the individual i.e. not every one in the world wants to become a clothing sorter.	1	.4	.4	84.5
Testing n/a to disability, i.e. - accurate testing for deaf persons.	1	.4	.4	84.9
The cases for which I do not make a referral for vocational evaluation services already have enough information necessary to proceed with vocational rehabilitation planning and services.	1	.4	.4	85.3
The center-based evaluations do not show the interaction with day-to-day	1	.4	.4	85.7

issues with the job or the people they encounter.				
The choice to go with/or without will depend on participant factors and the needs that are identified. If it is felt that a V.E. will be beneficial, than we proceed from there. It would have been nice to have a comment section for this survey.	1	.4	.4	86.0
The client may not want or need a voc. evaluation.	1	.4	.4	86.4
The community based assessments I receive for my supported employment consumers are very beneficial in predicting employment success. However, the evaluations on my other consumers are too general and don't answer the specific questions about the employment.	1	.4	.4	86.8
The different agencies have one type, they are not flexible, and everyone goes through the same process.	1	.4	.4	87.2
The evaluation needs to be accessible for my Deaf clients. Staff needs to be aware of the issues related to communication with Deaf people. Materials need to be normed to Deaf populations. We don't always have those choices.	1	.4	.4	87.5
The evaluator may not take the clients disability into consideration and suggest something inappropriate.	1	.4	.4	87.9
The evaluators at the facility in my service area often have difficulty adjusting their evaluations to the specific needs of the individual and/or my specific requests. For example, every consumer who goes through the process gets a VALPAR.	1	.4	.4	88.3
The individual has expressed interests and information is available from other resources, so an evaluation is not needed.	1	.4	.4	88.7
The information needed is already available.	1	.4	.4	89.1
The interest inventories are out of date. This is the primary reason I ask for Voc. Evaluation other than for intellectual assessments. The vocational results are not of benefit. The Voc Evaluations completed by a clinical psychologist are of benefit.	1	.4	.4	89.4
The menu of services and number of community assessment sites are quite limited. The quality of the assessment oftentimes is poor also, due to the lack of suitable community assessment job sites and the evaluator's inexperience.	1	.4	.4	89.8
The provision of any service, including purchased, is an individual consumer-driven decision.	1	.4	.4	90.2
The recommendation is almost always for work adjustment training. I can refer for that without evaluation.	1	.4	.4	90.6
The state doesn't hire voc. counselors but rather social workers and guidance counselors who know little about transferable skills, labor market info, wage data and job MATCHING.	1	.4	.4	90.9
There are no community assessments given. The evaluator may not be limited in what he is able to provide for services. No community labor market research is given. It may take too long to finish the report.	1	.4	.4	91.3
There are not enough community-based evaluation sites.	1	.4	.4	91.7
There is adequate information about likes, dislikes, aptitudes, previous work history, and limitations and needs.	1	.4	.4	92.1
The time it takes to get service.	1	.4	.4	92.5
To determine physical/mental limitations in order to assist consumer in making appropriate choices. Also, for those with limited work history and limited education and/or no career direction in mind, I use evaluations.	1	.4	.4	92.8
Too much emphasis on standardized test results	1	.4	.4	93.2
Transferable skills, clear aptitudes and interests identified.	1	.4	.4	93.6
Type of caseload that I primarily did develop own goals.	1	.4	.4	94.0
Typically, the consumers I serve are enrolled in high school, and voc.	1	.4	.4	94.3

evaluations are completed by the school system.				
Unable to do much work sample assessment for higher-level positions.	1	.4	.4	94.7
Inappropriate tests for Deaf clients.	1	.4	.4	95.1
Useless.	1	.4	.4	95.5
Utilization of existing current information or evaluations may preclude the purchase of new assessments.	1	.4	.4	95.8
We have our own evaluation lab. We do purchase longer-term evaluations, but you may not want to use us as typical.	1	.4	.4	96.2
When an individual has a firm career path outlined, which is in line with his/her abilities.	1	.4	.4	96.6
When client life experience/education and ability to articulate is sufficient.	1	.4	.4	97.0
When consumer is very definite of there vocational choice.	1	.4	.4	97.4
When it is obvious a person doesn't need one i.e. maybe client has a college degree with decent grades, and hasn't really had any cognitive type damage, and knows what they want to do and it seems reasonable.	1	.4	.4	97.7
When one has some idea of vocational objective and possesses adequate skills towards objective or ability to acquire necessary skills to obtain this objective.	1	.4	.4	98.1
WHEN PLANNING IS REASONABLE AND APPROPRIATE AND ADDITIONAL INFORMATION IS NOT NECESSARY.	1	.4	.4	98.5
When the client is certain of his vocational goal, may have completed his own vocational exploration, and we have documentation of some other kind that the goal is appropriate.	1	.4	.4	98.9
When there are no questions about client's abilities, limitations or interests.	1	.4	.4	99.2
I work with students, & it's difficult to schedule. Would prefer evaluations could go "on site". Also, students feel negatively about going to Goodwill.	1	.4	.4	99.6
Would not need an evaluation if consumer is confident of what vocational field to pursue employment in.	1	.4	.4	100.0
Total	265	100.0	100.0	

Questions #16-18 inquired about recommendations for cases involving vocational evaluation. Of 265 respondents, 37 indicated that the primary recommendation they receive from vocational evaluations is for work adjustment at 14.0%. Sixty-five (65) reported that training was the primary recommendation at 24.5% and 2 reported assistive technology was the primary recommendation at 0.8%. Fifty-six (56) respondents reported that competitive employment was the primary recommendation at 21.1% and 30 reported supported employment as the primary recommendation at 11.3%. Ten (10) reported job seeking skills training as the primary recommendation received at 3.8% and 26 indicated that additional services were the primary recommendation at 9.8%. Fifteen (15) participants did not indicate the primary

recommendation at 2.4% and 6 indicated other services at 2.4% in narrative form. The following comments are representative of these narrative answers by 6 counselors.

Community-based evaluations are what are needed.		.4	.4	6.0
Is requesting job placement assistance only.	1	.4	.4	6.4
Lack of opportunities for a variety of evaluations	1	.4	.4	6.8
Lack of quality voc. evaluation in the city of my office	1	.4	.4	7.2
Or if a person seems fairly motivated and stable, and all I really want is basic intelligence info to suggest the person has pretty good chance of success in chosen training	1	.4	.4	7.5
There is good, recent work history that is relevant.				

When asked if the recommendations typically mirror existing client employment plan goals, of the 265 respondents, 4 reported recommendations always mirror existing goals at 1.5% and 77 reported that recommendations most often mirror existing goals at 29.1%. One hundred thirty-seven (137) reported that vocational evaluation recommendations often mirror existing goals at 51.7% and 22 reported that rarely do recommendations mirror existing plan goals at 8.3%. Two (2) reported that recommendations never mirror existing client goals at 0.8% and 18 participants did not indicate whether vocational evaluation recommendations typically mirror existing client plan goals at 6.8%. Vocational evaluation goals reported that mirror existing employment goals was reported with a mean of 3.18 and a standard deviation of 0.81. Five (5) respondents indicated specific recommendations they receive from vocational evaluations at 2% and the narrative responses are as follows.

Or maybe I want some basic information that can be obtained from client in average of 3 hours for apprx. \$500.00 or less depending, as opposed to \$500.00 for one week, or \$850.00 for 2 weeks.	1	.4	.4	7.2
Additional services	1	.4	.4	7.5
Assistive technology	1	.4	.4	9.4
Supported employment	1	.4	.4	99.6
Training	1	.4	.4	100.0

Of 265 respondents, 21 reported that they always utilize recommendations from vocational evaluations in employment plans at 7.9% and 127 reported that they most always

utilize recommendations in employment plans at 47.9%. Eighty-seven (87) reported that they often use recommendations in plan at 32.8% and 15 reported they rarely utilize recommendations in employment plans at 5.7%. One (1) respondent indicated that they never utilize recommendations at 0.4% and one reported that they utilize training recommendations in their employment plans at 0.4%. The utilization of recommendations in employment plans was reported with a mean of 3.59 and a standard deviation of 0.78.

Questions #19-25 inquired about vocational evaluation reports received following vocational evaluation services. Of 265 respondents, 11 reported that the typical turnaround time for vocational evaluation reports was 1-3 days at 4.2 % and 14 reported the turnaround time of reports as 4-6 days at 5.3%. Thirty-nine (39) reported the report turnaround as 7-10 days at 14.7% and 54 reported 11-13 days for reports at 20.4%. One hundred twenty-nine (129) reported report turnaround time as 14 days or longer at 48.7%. Eighteen (18) participants did not indicate report turnaround time at 6.8%.

Of the 265 respondents, 215 reported that client background information is included in vocational evaluation reports at 86% and 182 reported that client goals are indicated in reports at 72.8%. One hundred sixty-seven (167) indicated that psychometric testing results and work sample results were included in reports at 66.8% each and 227 reported that client strengths and limitations were identified in vocational evaluation reports at 90.8% each. One hundred eighty-five (185) reported that immediate recommendations were indicated in reports at 74% while 168 reported that short-term recommendations were indicated in reports at 67.2%. One hundred fifty-seven (157) reported that long term recommendations were included in reports at 62.8% and 100 reported that vocational evaluation reports included the client's reaction to the vocational

evaluation process. Thirteen (13) participants did not indicate what was included in vocational evaluation reports at 4.9%.

Of 265 respondents, 1 reported that vocational evaluation reports were highly technical at 0.4%. Thirteen (13) reported that reports were moderately technical at 4.9% and 41 reported that reports were somewhat technical at 15.5%. Fifty-seven (57) indicated that reports were moderately readable at 21.5% and 134 indicated that reports were very readable at 50.6%. The readability of vocational evaluation reports was reported with a mean of 4.19 and a standard deviation of 1.06. Nineteen (19) did not rate the readability of vocational evaluation reports at 7.6%.

Of the 265 respondents, 11 reported that the information contained in the reports was very vague at 4.2% and 26 reported that information contained in reports was moderately vague at 9.8%. Seventy-five (75) reported that information in reports was somewhat vague at 28.3% and 120 respondents reported that information contained in reports was specific at 45.3%. Twelve (12) reported that information in reports was very specific at 4.5% and 18 participants did not report on the quality of the information contained in vocational evaluation reports at 6.9%. The information contained in reports was reported with a mean of 3.42 and a standard deviation of 0.92.

Of the 265 respondents, 31 reported that the information contained in reports was very practical at 11.7% and 107 reported that the information contained in reports was practical at 40.4%. Seventy-six (76) reported that the information in reports was moderately practical at 28.7% and 28 reported that the information in reports was somewhat practical at 10.6%. Three (3) reported that the information contained in reports was not practical at 1.1% and 15 did not report on the practicality of the information contained in vocational evaluation reports at 5.7%.

The practicality of the information contained in reported was reported with a mean of 3.57 and a standard deviation of 0.89.

Of the 265 respondents, 12 reported that the information contained in the reports was very achievable at 4.5% and 124 reported that the information contained in reports was achievable at 46.8%. Seventy-six (76) reported that the information contained in reports was moderately achievable at 28.7% and 28 reported that information contained in reports was somewhat readily achievable at 10.6%. Three (3) reported that the information contained in reports was not readily achievable at 1.1% and 21 participants did not indicated whether the information contained in vocational evaluation reports was readily achievable. The appropriateness of information contained in reports was reported with a mean of 3.46 and a standard deviation of 0.81.

Due to an error in the web page application of the survey, participants' responses to question #25 were not recorded or calculated.

CHAPTER V

Conclusions and Recommendations

This chapter will take a closer look at the results of the survey, analyze the findings and describe how they relate to the initial research questions and the existing literature. This chapter will also discuss the implications of the findings, alternative explanations, and recommendations for future research. The responses to the survey will be evidence used to support or reject the initial research objectives.

The following are research questions that are the focus of this study:

1. To determine if state agency rehabilitation counselors' view the purchase and use of vocational evaluation as highly beneficial or minimally beneficial.
2. To identify the three most common types of vocational evaluation services being purchased by rehabilitation counselors.
3. To identify the five most common client populations which are being referred for vocational evaluation services.
4. To determine how rehabilitation counselors are utilizing vocational evaluations and subsequent recommendations.
5. To identify the inconsistencies with vocational evaluation services across state agencies.

Conclusions and Implications Based on Results

For the first research question my findings indicated that of rehabilitation counselors referring a percentage of their caseload for vocational evaluation services, 121 respondents indicated that they refer between 0-20 percent of their caseload for these services. This represents 45.7 percent of the respondents who indicate they refer this percentage of clients to

participate in vocational evaluation services, suggesting that many counselors feel that only a small percentage of their caseload may benefit from these services.

Also, of significant measure is the finding that 97 respondents indicated that at least 75 percent of the vocational evaluation services that they have purchased have been beneficial for their clients and 137 respondents indicated that at least 50 percent of the vocational evaluations they purchased benefited their clients. This represents 38.8 percent and 54.8 percent respectively and suggests that even if counselors are only referring a small percentage of their caseload to participate in vocational evaluations; there is a high correlation between those referred and the benefits received from participating in these services.

When asked how counselors viewed the vocational evaluation process overall, 104 respondents rated the vocational evaluation process as highly beneficial at 39.2 percent, while 87 respondents rated the process as moderately beneficial overall at 32.8 percent. This finding lends some initial support that vocational evaluation services are beneficial for those populations who have been referred to participate in these services and also suggest that vocational evaluations may, in turn, have a high positive correlation with successful rehabilitation outcomes and plan development. These finding support the literature that indicates a trend toward consumer involvement and informed choice. With this shift, new directions for rehabilitation counselors are reflected in the services that are being referred for, including vocational evaluation, to assist clients in achieving goals congruent with their skills, aptitudes and training. The literature has shown that there tends to be discrepancies between the importance that clients and counselors place on different services, often correlated with time and cost. Clients tend to place more significance on services that require the most time and involve relationship-oriented services. This is reflected in the low percentage of a counselor's caseload that respondents to this survey

indicated they refer for vocational evaluation services. However, when analyzing the benefits of these services, there was a high or significant percentage of respondents who indicated these services were beneficial to their clients.

The second research area this study focused on was to identify the three most common types of vocational evaluation services being purchased by rehabilitation counselors. When asked what types of evaluations counselors were typically receiving, 85 respondents indicated that career exploration was provided in vocational evaluations and 75 indicated that psychometric testing was provided. Ten (10) to 26 percent of counselors indicated that vocational evaluations tend to include work sample assessment, community-based assessment, job seeking skills development, work skill development, and exploring choices and 144 indicating that typically, vocational evaluation services provided a combination or some or all of the above services. Of significant measure were areas indicated as being underrepresented in the provision of vocational evaluation services. Respondents indicated that job analysis and labor market research were significantly underrepresented in vocational evaluation services by 47.7 and 63.2 percent respectively. Job analysis and labor market research, typically do not represent a significant part of the vocational evaluation process to the full extent that these services can be conducted due to time and cost restraints. These findings, however, suggest that these are areas that rehabilitation counselors find imperative in incorporating into plan development and employment outcomes. Subsequent research should address the relationships between job analysis and labor market information with the development of appropriate and achievable goals and successful employment outcomes.

The third research area examined the three most common client populations that are being referred for vocational evaluation services. Developmental disabilities was ranked as the

highest referred population for vocational evaluation services at 29.6 percent and mental illness was ranked as the second highest referred population at 34.4 percent. Physical disabilities were the third ranked population for referrals to vocational evaluation services at 17.6 percent. These findings may have a correlation with the concentration of clients with the above disabilities in counselors' caseloads. Also, this may imply that these populations may have a higher correlation with benefiting from vocational evaluation services.

Another conclusion that may be reached, relating to a review of the related literature, is the accessibility of testing people with disabilities in a structured setting such as typical vocational evaluation settings. The Professional Code of Ethics also speaks to this issue and states that evaluators and counselors should use caution when attempting to administer or interpret tests that have been normed to groups that do not include those with disabilities. There are many implications for different populations when discussing the modification of standardized tests for disability or minority populations. It could be further hypothesized that counselors have taken initiative with their caseload and determining what populations or individuals may benefit and what populations or individuals may not benefit from these services due to accessibility concerns.

The fourth area of research was to determine how rehabilitation counselors were utilizing vocational evaluations and subsequent recommendations. When asked what their primary reason for referring for vocational evaluation, 43 respondents indicated career exploration as their primary reason and 26 indicated community-based assessment. One-hundred twenty four (124) respondents indicated that they referred for vocational evaluation services and expected all services to be provided including career exploration, psychometric testing, work sample assessment, community-based assessment, job seeking skills development, work skill

development, and exploring choices. When asked what recommendations they received from vocational evaluations, 79 respondents indicated they received recommendations for assistive technology and 65 indicated that training was the primary recommendation. What is of significant measure when relating to the two previous questions is how often recommendations from vocational evaluations are utilized in employment plans. When asked how often recommendations were utilized, 127 respondents indicated that they most often utilized recommendations in employment plans at 50.8 percent. This finding lends support to the research of Caston and Watson that examined the relationship between successful outcomes and client's that had been through formal assessments. This research indicated that rehabilitation counselors valued the recommendations from vocational evaluations and saw them as necessary entities in the rehabilitation process. This research also revealed that when counselors were not referring client's for formal assessments and subsequently did not have specific recommendations available concerning potential work outcomes to help in the decision-making process, over half of these files were closed unsuccessfully. The research correlating recommendations with actual outcomes was diverse, however, it did show a low congruency between recommendations and actual outcomes, mostly due to generic recommendations often leaning toward the purchase of additional services. It may also be noted that there may be incongruence between the services that counselors expect when referring for vocational evaluations and the actual services provided.

Finally, this research examined inconsistencies with vocational evaluation services and perceptions by rehabilitation counselors. When developing the informed consent for human subject participation the researcher excluded any identifying information on the survey

instrument to provide anonymity to respondents. For this reason the last research question is unanswerable, only aggregate data was obtainable from the survey.

Implications and Recommendations for Future Research

Overall, this study attempted to examine the perceptions of vocational evaluation services by rehabilitation counselors employed by state agencies. The results of the survey indicate that there is a significant positive relationship between the referrals for vocational evaluation services and the perceived benefits of the provision of these services to the participating clients. Overall, the findings of this research seem to support the notion that clients receiving vocational evaluation services will benefit from these services in the provision of additional services and in the overall outcome of their rehabilitation goals.

The limitations of this survey include the limitations of the web-based survey and subsequent analysis of the data. Due to errors in the website and errors in the statistical software analyzing this data, there may have been some discrepancies in the output verses the actual data reported. Also, the last question of the survey was not computed at all, possibly posing limitation in the overall outcome of this study. From the results of this study, it would appear to be important that future research examine more specific relationships between specific populations and the benefits received from vocational evaluation services. Also, it may be important for future research to examine most specifically, cost and time issues that may be affecting referrals and outcomes of both vocational evaluation services and how effective these services are due to cost and time constraints. Finally, this researcher feels that it would be beneficial for future research to also further examine aspects of vocational evaluation services that are underrepresented or that need to be incorporated into these services to better assist

clients in reaching their goals and to assist counselors in plan development and the decision-making process.

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APPENDIX A

Human Subjects Consent Form

This research examines state Rehabilitation Counselor's perceptions and use of vocational evaluation services by evaluating the responses on the following questionnaire. Before completing the questionnaire, we would like you to read the consent form so you will understand the potential risks and benefits of participation, and so you understand your right as a participant in this study. If you have any questions, please contact Dr. Robert Peters, the research advisor, at 715/232-1983.

RISK

There is little or no risk to you in filling out this questionnaire.

BENEFITS

Although the results of this study may be of benefit to others in the future, there is no direct benefit to you by participating in this study.

CONFIDENTIALITY OF RESPONSES

The information is being sought in a specific manner so that no identifiers are needed and so that confidentiality is guaranteed.

RIGHT TO WITHDRAW OR DECLINE TO PARTICIPATE

Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. Should you choose to participate, you need only to submit the completed questionnaire. By returning the questionnaire, you are giving your informed consent to be a participant in this research since no signature is required.

NOTE: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher or research advisor and second to Ms. Sue Foxwell, Director, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, 54751, phone 715/232-1126.

APPENDIX B

SURVEY

Counselor Demographic Information

1. Male _____ Female _____
2. Age:
 20-27 _____ 28-44 _____ 34-40 _____ 41-47 _____ 47+ _____
3. Ethnicity:
 Caucasian _____ African American _____ Hispanic _____ Asian _____
 Native American _____ Other _____
4. Average size of caseload:
 Under 25 _____ 25-75 _____ 75-125 _____ 125-175 _____ 175+ _____
5. Please rank the three (3) most common disability groups you serve.
 Physical _____ Developmental disabilities _____ Sensory impairments _____
 Mental illness _____ Congenital _____ Neurological _____ Respiratory _____
 Traumatic brain injury _____ Immune system disorders _____ Orthopedic _____
 Circulatory _____ Musculoskeletal _____ Other _____

Counselor Referral Information

6. As a counselor, what is your primary reason for referring for vocational evaluation?
 Career exploration _____ Psychometric testing _____ Work sample assessment _____
 Community based assessment _____ Job seeking skills development _____
 Work skill development _____ Explore choices _____ All of the above _____
7. Please rank the three most common client populations you are referring for vocational evaluations.
 Physical _____ Developmental disabilities _____ Sensory impairments _____
 Mental illness _____ Congenital _____ Neurological _____ Respiratory _____
 Traumatic brain injury _____ Immune system disorders _____ Orthopedic _____
 Circulatory _____ Musculoskeletal _____ Other _____
8. As a counselor, what percentage of your caseload do you typically refer for vocational evaluation services?
 0-20% _____ 20-40% _____ 40-60% _____ 60-80% _____ 80-100% _____

Counselor Perceptions and Involvement in the Vocational Evaluation Process

9. As a counselor, what is your level of involvement in the vocational evaluation process?
 Minimal _____ Occasional _____ Moderate _____ High _____ Very high _____

10. Over the last year, please estimate the percentage of vocational evaluations that you have purchased that you feel have been beneficial for your clients.
11. How often do you attend vocational evaluation staffings?
 Never____ Rarely____ Often____ Most often____ Always____
12. Do you feel the types of evaluations available tend to be of a certain style?
 (Please indicate all that apply.)
 Career exploration____ Psychometric testing____ Work sample assessment____
 Community-based assessment____ Job seeking skills development____
 Work skill development____ Explore choices____ Combination of some
 or all____
13. Are there areas related to vocational evaluation that you feel are underrepresented in the provision of these services?
 (Please indicate all that apply.)
 Career exploration____ Psychometric testing____ Work sample assessment____
 Community based assessment____ Job seeking skills development____
 Work skill development____ Explore choices____ Job analysis____
 Labor market research____
14. Overall, how do you view the vocational evaluation process?
 Not beneficial____ Minimally beneficial____ Somewhat beneficial____
 Moderately beneficial____ Highly beneficial____
15. Please indicate any specific reasons why you may not refer/purchase vocational evaluation services.

Vocational Evaluation Recommendations Information

16. What is the primary recommendation you receive from vocational evaluations?
 Work adjustment____ Training____ Assistive technology____
 Competitive employment____ Supported employment____
 Job seeking skills training____ Additional services____ Other____
17. Do recommendations typically mirror existing client employment plan goals?
 Never____ Rarely____ Often____ Most often____ Always____
18. How often do you utilize recommendations from vocational evaluations in employment plans?
 Never____ Rarely____ Often____ Most often____ Always____

Vocational Evaluation Reports

19. What is the typical turnaround time for reports?
 1-3 days____ 4-6____ 7-10 days____ 10-13 days____ 14+ days____

20. What information is included in reports?
(Please indicate all that apply.)
 Client background information____ Client goal____ Psychometric results____
 Work sample results____ Client strengths____ Client limitations____
 Immediate recommendations____ Short-term recommendations____
 Long-term recommendations____ Client reaction to evaluation____
21. Are reports written in “readable” terms?
 Highly technical____ Moderately technical____ Somewhat technical____
 Moderately readable____ Very readable____
22. Do reports contain specific information regarding specific steps to take for
 recommendations and contact information?
 Very vague____ Moderately vague____ Somewhat vague____
 Specific____ Very specific____
23. Do reports contain information that is practical?
 Not practical____ Somewhat practical____ Moderately practical____
 Practical____ Very practical____
24. Do reports contain information that is readily achievable?
 Not readily achievable____ Somewhat readily achievable____
 Moderately achievable____ Achievable____ Very achievable____
25. Do reports contain information that is appropriate to the local labor market?
 Not appropriate____ Somewhat appropriate____ Moderately appropriate____
 Appropriate____ Highly appropriate____