**Appendix BY:**

**Educational/Vocational Assessment Narrative**

Contractor company name/address/phone:

Referral Source:

Client:

VA File (Last 4):

Address:

Case Number:

Dates Seen:

Separation Date:

Enlistment Date:

Counselor:

1. Eligibility Data

This section’s content must include the following eligibility information:

* Date VAF 28-8832 was received
* Referral source
* Education program to which the Servicemember, Veteran or dependent is entitled
* Information provided to the Servicemember, Veteran or dependent to explain use of the education program benefits

1. Individual’s History

The content of this section includes background information related to the individual’s personal, educational, vocational and, if applicable, military history. It should address the following areas:

* Place of birth
* Home of residence (if relocating)
* Name/location of schools attended and degrees conferred
* Marital and dependent status
* Employment history, to include experience with supervision, adjustment to work assignments and performance
* Military history, to include branch of service, Military Occupational Specialty, rank, length of service and separation date
* Financial history and funding sources for proposed plan

1. Disability Condition(s)

The content of this section includes any history of injury/illness that may have occurred as a result of the individual’s military service, as well as any other disabling conditions (as applicable). If available, records should be reviewed from the following sources:

* Service Treatment Records
* Military Evaluation Board
* Physical Evaluation Board
* All other medical records that are available, including information from private physicians

It is important to note not only the medical findings, but also the individual’s perception of his/her current level of functioning and the impact of the disability on daily living. Additionally, any learning disabilities or special needs the individual experienced in past educational settings should be noted to identify any needed learning supports.

1. Assessment of Interests, Aptitudes and Abilities

This section must include the following information (as applicable):

* The assessment instruments used, including a copy of transcripts, all administered tests and an explanation of the purpose of each test
* The result of the assessment as it relates to the individual’s stated interests, aptitudes and functional abilities
* The vocational significance of each test result and estimated outcomes based on the results of the assessment – for example, noting that remedial classes will be necessary to prepare the individual to successfully compete in a post-secondary setting

1. Vocational Exploration

This section includes identification of transferable skills and a comparison of those skills with current labor market information (as applicable). Current labor market information should be specific to the area in which the individual plans on residing after discharge or the completion of a training program. Identifying appropriate training programs or on-the-job training opportunities where the individual can build his/her competitive skills are a vital part of vocational exploration.

Resources to assist in the completion of the vocational exploration include, but are not limited to, the following:

* Occupational Outlook Handbook (OOH) at www.bls.gov/ooh
* Dictionary of Occupational Titles (DOT) at www.occupationalinfo.org
* O\*NET at www.onetonline.org
* Websites from schools, employers and professional organizations

1. Synthesis of Educational/Vocational Assessment

This section should include the following information (as applicable):

* Summary of the individual’s background
* Statement on the individual’s vocational preparation
* Identification of transferable skills
* Education/training options
* Support systems and funding options
* Employment goals and steps to accomplish the goals
* Name, location and point of contact for more information on VA services
* Name, location and point of contact for State Vocational Rehabilitation services, if applicable
* Referral to local VA for the establishment of a service-connected disability claim, if applicable

*Signature and credentials of Counselor providing services*