

Disabled Veterans' Outreach Program Specialist (DVOP)
Self-Assessment

Name of Center/Cost Center #:

DVOP: Name:

Date:

1. My position is:

A: full-time B: half-time C: part-time

If half time how is other half funded?

2. My status is: Disabled Vet Vet Eligible Person Non-Vet

3. Training:

Have you received the following training: Yes No Date

A. NVTI's LES Course:	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. NVTI's Veterans' Benefits Course	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. NVTI's Case Management Course	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. NVTI's TAP facilitator course	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Other job related training completed in the last five years (state, individual, DVOP), list & describe:

5. Describe/list any job related training you need:

6. In your own words describe your duties as a DVOP:

7. How do you ensure that 100% of your time is spent serving veterans or at least 50% of your time, if a half-time DVOP, is spent serving veterans:

8. How are intensive services provided to veterans in your One-Career Center?

9. Discuss your role in providing intensive services to veterans with barriers to employment. Explain your case management process including Employment Development Plan (EDP), coordination of support services and follow services:

10. Describe your role in the facilitation of basic labor exchange services within your One-Stop Career Center:

11. Identify any special projects or best practices that you participated in since your last assessment:

12. Do you have any suggestions to improve services to veterans?

13. Describe/list any information or technical training that U. S. DOL VETS/AWI or your Regional Workforce Board may provide to improve services to veterans:

14. **Areas of Concern**

DVOP Self-Assessment Completed by: _____

- Please attach a copy of your individual Roles and Responsibilities along with a print out of your latest J451 screen.