

This Career Counseling video is brought to you by

* Kentucky Office of Vocational Rehabilitation
* Kentucky Office for the Blind
* Human Development Institute – University of Kentucky
* Commonwealth Council on Developmental Disabilities
* Work Initiative
* Build Inclusion
* Annette Jett

The video will take approximately 10 minutes to complete:

[Click on this link for the Career Counseling Video](https://www.youtube.com/watch?v=P2UpSVCX-9k&feature=youtu.be)



# Career Counseling Course Quiz and Survey Question

1. The purpose of Section 511 of the Workforce Innovative and Opportunities Act (WIOA) is to keep people with disabilities from entering the workforce.

[ ]  True

[ ]  False

2. Section 511 educates on the use of subminimum wage to promote fair pay for all employees.

[ ]  True

[ ]  False

3. Employment is the same for every person.

[ ]  True

[ ]  False

4. Competitive Integrated Employment is possible if you are in a position best suited to your interests and skill sets.

[ ]  True

[ ]  False

5. The first step to Competitive Integrated Employment is to recognize that you have a desire to work.

[ ]  True

[ ]  False

6. I would like to learn more about the Office of Vocational Rehabilitation or Office for the Blind.

[ ]  True

[ ]  False

## Career Counseling Course Participant Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Birthday

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Street Address City State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

[ ]  By checking this box, I verify that I have watched and comprehend the video entitled: "Yes You Can!" A Message from the Employment Files: Section 511 of WIOA.

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Participant Signature

Legal Guardian (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Please send completed quiz, survey and participant form to:

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