



Worker Name: _____ Date: _____ Employment Specialist: _____

Location of Assessment: _____ Type of Job: _____ Hours: _____

Check the items that best describe abilities, behaviors, characteristics, or activities. If more than one option applies, check all that reflect the observation. In the comments section, expand on observations. When applicable, include the frequency of its occurrence and the environment where it occurs.

JOB TASKS

Interest in Working with these Tasks

1. _____ Not interested Unsure Some w/reservations Very
2. _____ Not interested Unsure Some w/reservations Very
3. _____ Not interested Unsure Some w/reservations Very
4. _____ Not interested Unsure Some w/reservations Very
5. _____ Not interested Unsure Some w/reservations Very

Comments:

- Work Rate: Slow pace Steady/average pace Above average/sometimes fast Continual fast pace
- Work Accuracy: Poor Moderate Above average Excellent
- Attention to Task: Frequent prompts needed Intermittent prompts Infrequent prompts/low supervision No prompts required
- Sequencing Job Duties: Unable to perform tasks in sequence Performs 2-3 tasks in sequence 4-6 tasks 7 or more tasks

Accommodations Needed: YES NO Describe:

Training Needed: YES NO Describe:

Other Support Needed: YES NO Describe:

Type and amount of reinforcement needed:
 Required frequently Hourly Daily

SOCIAL/SOFT SKILLS

Notes/Comments

	<input type="checkbox"/> Unkept/poor hygiene	<input type="checkbox"/> Unkept but clean	<input type="checkbox"/> Neat but clothing inappropriate	<input type="checkbox"/> Wears appropriate work attire	
General Appearance	<input type="checkbox"/> Does not speak clearly	<input type="checkbox"/> Uses key words/signs	<input type="checkbox"/> Uses a communication device	<input type="checkbox"/> Intelligible to strangers	
Communication	<input type="checkbox"/> Rarely appropriate	<input type="checkbox"/> Infrequent interactions	<input type="checkbox"/> Initiates regularly	<input type="checkbox"/> Appropriate responses	
Social Interactions	<input type="checkbox"/> Shows stress frequently	<input type="checkbox"/> Shows moderate stress	<input type="checkbox"/> Shows some sign of fatigue	<input type="checkbox"/> Shows no sign of stress or fatigue	
Handle Stress	<input type="checkbox"/> Unaware	<input type="checkbox"/> Identifies breaks/lunch	<input type="checkbox"/> Returns to work after breaks	<input type="checkbox"/> Tells time	
Time Awareness	<input type="checkbox"/> Resists/argumentative	<input type="checkbox"/> Withdraws into silence	<input type="checkbox"/> Accepts but does not change	<input type="checkbox"/> Accepts criticism and responds	
Handling Criticism	<input type="checkbox"/> Needs full support	<input type="checkbox"/> Needs assistance	<input type="checkbox"/> Needs 1-2 prompts	<input type="checkbox"/> Appropriate	
Behavior on Break	<input type="checkbox"/> Avoids next task	<input type="checkbox"/> Waits for directions	<input type="checkbox"/> Sometimes volunteers	<input type="checkbox"/> Always seeks work	
Initiative/Motivation					



Employment Specialist: _____

Notes/Comments

Adapting to Change	<input type="checkbox"/> Great difficulty	<input type="checkbox"/> Some difficulty	<input type="checkbox"/> Rigid routine required	<input type="checkbox"/> Changes easily	
Behaviors	<input type="checkbox"/> Frequently inappropriate	<input type="checkbox"/> Often requires support	<input type="checkbox"/> Mostly appropriate with support	<input type="checkbox"/> Generally appropriate to setting	
Asking for Help	<input type="checkbox"/> Does not ask	<input type="checkbox"/> Will ask with prompt	<input type="checkbox"/> Asks sometimes	<input type="checkbox"/> Asks as needed	
Supervision	<input type="checkbox"/> Resists directions/corrections	<input type="checkbox"/> Follows some supervision	<input type="checkbox"/> Mostly follows supervision	<input type="checkbox"/> Always follows supervision	

SETTING

Environmental Response (circle; check all that apply) Too busy or boring Too noisy or too quiet Too hot or too cold

Other _____ Comments: Other _____ Comments:

PHYSICAL

Lift and Carry	<input type="checkbox"/> Less than 10 lbs.	<input type="checkbox"/> 10-29 lbs	<input type="checkbox"/> 30-40 lbs.	<input type="checkbox"/> more than 40 lbs.	
Grip and Hold	<input type="checkbox"/> Needs assistance	<input type="checkbox"/> Small, light objects	<input type="checkbox"/> Small, heavy objects	<input type="checkbox"/> Large objects	
Endurance	<input type="checkbox"/> Less than 2 hours	<input type="checkbox"/> 2-3 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> More than 4 hours	
Physical Mobility	<input type="checkbox"/> Mobility assistance needed	<input type="checkbox"/> Sit/Stand in One Area	<input type="checkbox"/> Fair Ambulation	<input type="checkbox"/> Stairs/Minor Obstacles	
Orienting to Environment	<input type="checkbox"/> Small Area /One Room	<input type="checkbox"/> Several Rooms	<input type="checkbox"/> Building Wide	<input type="checkbox"/> Building and Grounds	

Summary/Recommendations

What vocational preferences were most obvious?

What types of tasks should be avoided?

What types of settings are preferred?

Final Comments:

