

Community Based Work Assessment

Section 1: General Information and On-Site Monitoring Plan

Name of Participant:

Date:

Name of VR Counselor:

Contractor Name:

Name of Job Coach:

Reason(s)/Objective for this Community Based Assessment:

Work Site/Employer:

Employer's Job Title:

Participant's Title:

Expected Job Duties:

Work Days:

Shift Hours:

Total Hours completed by participant for CBWA:

Mode of Transportation:

Commute Time (hours):

Expected Outcome(s):

VRC Plan Approval: _____ **Date:** _____
(Signature or email verification required)

Section 2: CBWA Results

Comments/feedback from coworkers/supervisors/staff regarding this participant's performance and capability:

Part 1: Evaluation & Observations

Is the participant independent in getting to and from the work site?

Were there any non-work related concerns/needs that may impact participant's successful employment and retention? (personal issues/home life/obsessions)

What are the recommended approaches, compensatory strategies, conditions &/or supports that will promote this participant's vocational success?

Based on observation and experience, what kinds of things were most important/reinforcing/motivated this participant? (Ex's: pay, hours, breaks, recognition...)

Training tools/strategies used that worked:

That didn't work:

What forms of accommodations will promote this participant's vocational success?

Identified concerns/potential barriers/limitations observed to future employment:

Task Related Data:

A. Tasks that were easy (strengths):

B. Tasks that were challenging or difficult (weaknesses):

C. Tasks they couldn't/can't do:

What insights/comments did the participant share during this work experience?

Likes:

Dislikes:

Recommendations:

Does the participant meet the minimum requirements of this job/employer: Yes No

Why or why not:

Possible ideas discovered for appropriate jobs/employers for this participant in their local area:

Part 2: Vocational Impediment Checklist

Work Skills:

(The following are on a scale of 1 to 5, rate according to observation: 1 = minimal, 2 = with support, 3 = average, 4 = without supports, 5 = superior, or n/a = not applicable.)

Punctuality-

Starts shifts on time 1 2 3 4 5 n/a
Returns from breaks on time 1 2 3 4 5 n/a

Appropriate appearance/hygiene 1 2 3 4 5 n/a

Task completion

Quantity (production, numbers and speed) 1 2 3 4 5 n/a

Quality (complete/meets expectations) 1 2 3 4 5 n/a

Comments on these:

Attention to detail 1 2 3 4 5 n/a

Ability to learn new tasks 1 2 3 4 5 n/a

Problem solving skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Level of safety awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to prioritize	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to recall/memory	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Follow through (carries out instructions as given)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Decision making ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Self-correction of errors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Reading Ability (alphabetize)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Writing Ability (spelling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Mathematical Ability (tell time/count back change/measure)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Color, letter and number discrimination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Size, shape discrimination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Focus (ability to stay on one task):						
Less than 1 hour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
1 hour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
2 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
3 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
4+ hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a

If any above were with supports, what could be done or what would the participant need to be able to perform this function without supports?

Comments/Recommendations:

Self-Direction:

Redirection (independent ability to go from one task to another and back) 1 2 3 4 5 n/a

Infrequent prompts/cues-
(Low Supervision) Often Sometimes Rarely
 Partial/task oriented prompts/cues Often Sometimes Rarely
 Frequent prompts/cues

(High Supervision)

Often Sometimes Rarely

Number of steps able to do independently:

2 3 4 5 6 7 or more

Management of Disability-

Does participant acknowledge the disability and related barriers?

yes occasional no n/a

Does participant recognize symptomology?

yes occasional no n/a

Can participant control their symptoms?

yes occasional no n/a

Are medications a contributing factor with side effects?

yes occasional no n/a

Does participant recognize individual signs of difficulty performing tasks?

yes occasional no n/a

Level of coaching needed (recommended) by the end of the CBWA-

(Explain any changes from start to completion)

Complete independence: Yes No

Weekly support: 5X 3X 2X 1X

Daily support (partial): Yes No

Full time support: Yes No

Communication Skills:

(The following are on a scale of 1 to 5, rate according to observation: 1 = minimal, 2 = with support, 3 = average, 4 = without supports, 5 = superior, or n/a = not applicable.)

Ability to ask questions/seek assistance,

1 2 3 4 5 n/a

Accepts suggestions/feedback appropriately

1 2 3 4 5 n/a

Receptive Language (understands others)

1 2 3 4 5 n/a

Expressive Language (understood by others)

1 2 3 4 5 n/a

Ability to self-advocate

1 2 3 4 5 n/a

Natural conversation with others

1 2 3 4 5 n/a

Responds appropriately to social interactions-

with coworkers

1 2 3 4 5 n/a

with supervisors

1 2 3 4 5 n/a

with job coach

1 2 3 4 5 n/a

Interpersonal Skills:

Cooperation (team player)-

with coworkers

1 2 3 4 5 n/a

with supervisors

1 2 3 4 5 n/a

with job coach

1 2 3 4 5 n/a

Initiates social interactions

1 2 3 4 5 n/a

Interprets and understands social cues	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Ability to maintain personal boundaries	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Follows instructions accurately-												
Written	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Verbal	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Kinetic(hands on)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a

Behaviors: Socially inappropriate behaviors

- Are present — Not controlled (Explain)
- Occasional — Controlled with supports (Explain)
- Have been present — Currently controlled (Explain)
- Not an issue

If any above were with supports, what could be done or what would the participant need to be able to perform this function without supports?

Level of self-confidence:

- Shows a firm belief in their own ability/tries to resolve issues on their own
- Have moments of doubt, but work through them
- Have moments of doubt that undermine their belief in their ability
- Frequently doubts abilities/depends on others for assistance

Did the participant work best with others? Or on their own/alone?

Comments/Recommendations:

Work Tolerance - (Note: Rate as Often, Sometimes, or Rarely)

Consistent Work Pace:

Fast Pace	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely
Slow Pace	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely
Sometimes fast pace	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely
Average steady pace	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely
Continual fast pace	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely

Best recommended pace for client is:

Environmental Conditions— (Participant is able to handle...)

Work Inside	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely
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Work Outside	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Adequate Work Space (not cramped)	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Adequate Ventilation/Air Quality/Odor	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Adequate Lighting	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Noise Levels	<input type="checkbox"/> Extreme	<input type="checkbox"/> Average	<input type="checkbox"/> Low
Comfortable Temperatures	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Other: _____	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely

If there were concerns, what were the specific conditions observed that were, or could be issues for this participant:

Stamina/Endurance - Working without breaks:

(The following are on a scale of 1 to 5, rate according to observation: 1 = minimal, 2 = with support, 3 = average, 4 = without supports, 5 = superior, or n/a = not applicable.)

Work required for < 2 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Work required for 2-3 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Work required for 3-4 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Work required for 4-5 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Work required for 6-7 hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Work required for 8 or more hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Frustration tolerance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Management of stress and workload	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Acceptance of change	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Adaptability/flexibility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to tolerate interruptions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a

Could the participant eventually do any of these work tolerance issues without supports or established natural supports? (Recommended accommodations)

Yes No

Explain:

Mobility (Physical Capacities):

Dexterity-

Manual (ability to manipulate large objects)	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> never
Fine Motor/Finger (ability to manipulate small objects through small spaces)	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> never
Bimanual (ability to use both hands)	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> never

Whole Body Range of Motion

- | | | | |
|--------------------------|-------------------------------------|---------------------------------------|--------------------------------|
| Ability to: bend | <input type="checkbox"/> frequently | <input type="checkbox"/> occasionally | <input type="checkbox"/> never |
| kneel/stoop | <input type="checkbox"/> frequently | <input type="checkbox"/> occasionally | <input type="checkbox"/> never |
| balance | <input type="checkbox"/> frequently | <input type="checkbox"/> occasionally | <input type="checkbox"/> never |
| push/pull | <input type="checkbox"/> frequently | <input type="checkbox"/> occasionally | <input type="checkbox"/> never |
| twist | <input type="checkbox"/> frequently | <input type="checkbox"/> occasionally | <input type="checkbox"/> never |
| reach above the shoulder | <input type="checkbox"/> frequently | <input type="checkbox"/> occasionally | <input type="checkbox"/> never |

Motion/Position:

- | | | | |
|-------------------------|--------------------------------|------------------------------------|---------------------------------|
| Sitting | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Standing | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Walking | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Climbing stairs/ladders | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

Lifting- If Applicable

- | | | | |
|------------------------------|--------------------------------|------------------------------------|---------------------------------|
| Very heavy (over 100 pounds) | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Heavy (up to 100 pounds) | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Medium (up to 50 pounds) | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Light (up to 20 pounds) | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| No lifting (under 10 pounds) | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

Participant does **NOT** operate any controls, machines, programs, equipment, or technology. (If True, skip parts b & c.)

True False

b. Identify any programs, equipment, tools, materials, and/or machinery handled/used. Please indicate capability on each used.

c. Were any of the above used with supports? Yes No

Could the participant eventually do any of these mobility issues without supports or established natural supports?

Yes No

Explain:

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Community Based Work Assessment**

Section 3:

Participant's Self-evaluation:

If Applicable: Form completed with assistance by:

Relationship to participant:

*** To be completed after the last day of your work experience.*

1. What did you like about this work experience?

2. What did you dislike about this work experience?

3. What tasks were easy for you?

4. What tasks were more difficult? (Why?)

5. Were there tasks you wanted to do that you didn't get a chance to? What were they?

6. What strengths did you learn about yourself?

7. What challenges came up you didn't expect/limitations did you learn about yourself?

8. What accommodations do you think would help you to do this job better?

9. What things or tools did work for you to be better on the job?

10. How can you be most efficient and productive on a job?

11. Did you work best in a team, with others or alone?

12. Rate the following by checking the appropriate box, to your best knowledge of yourself and what you observed in this work experience:

Vocational Skills

(The following are on a scale of 1 to 5, rate according to observation: 1 = minimal, 2 = with support, 3 = average, 4 = without supports, 5 = superior, or n/a = not applicable.)

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| Work Independently | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> n/a |
| Ability to focus on task(s) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> n/a |
| Ability to work in spite of distractions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> n/a |
| Neatness and accuracy of work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> n/a |
| Average expected work rate/production | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> n/a |
| Attention to detail | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> n/a |

- Time management 1 2 3 4 5 n/a
- Organization skills 1 2 3 4 5 n/a
- Adaptability/flexibility 1 2 3 4 5 n/a
- Task completion
- Quantity (numbers and speed) 1 2 3 4 5 n/a
- Quality (complete/meets expectations) 1 2 3 4 5 n/a
- Level of supervision needed 1 2 3 4 5 n/a
- Level of reinforcement/cuing needed 1 2 3 4 5 n/a
- Ability to stay busy 1 2 3 4 5 n/a

Work Tolerance

- Level of endurance/stamina 1 2 3 4 5 n/a
- Frustration tolerance 1 2 3 4 5 n/a
- Agitation tolerance 1 2 3 4 5 n/a
- Management of stress and workload 1 2 3 4 5 n/a
- Flexibility/Acceptance of change 1 2 3 4 5 n/a
- Ability to tolerate interruptions 1 2 3 4 5 n/a

Number of steps able to do independently

- 2 3 4 5 6 7 or more

Ability to maintain productivity: (any recommended modifications, ex. breaks)

- 2 hour shift consecutive every other day occasional none
- 4 hour shift consecutive every other day occasional none
- 6 hour shift consecutive every other day occasional none
- 8 hour shift consecutive every other day occasional none

Social Skills

- Understand others 1 2 3 4 5 n/a
- Understood by others 1 2 3 4 5 n/a

Responds appropriately to social interactions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Willingness to help coworkers/team player	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Initiates social interactions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to ask questions/seek assistance, if not understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Follows instructions accurately (plays by the rules)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Written	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Verbal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Kinetic(hands on)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Accept suggestions/feedback appropriately	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to learn new tasks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Problem solving skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Level of safety awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to switch tasks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to prioritize	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Ability to recall/memory	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Level of independent task sequencing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Level of initiating tasks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Self-Management (able to separate personal life from work)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Follow through (carries out instructions as given)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Decision making ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Judgment/reasoning ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Self-correction of errors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a
Level of concentration/persistence/pace	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/a

13. What do you think was the biggest benefit in participating in this experience and program?

14. What will you take from this experience that will help you in the future? (What did you learn?)

15. If you could do these or another work experience what would you do different to make it better for you?

16. Rate your self-confidence in this experience:

- have a firm belief in my own ability to do this job
- have moments of doubt, but usually confident
- have moments of doubt that undermine my belief in my abilities.
- frequently doubt my abilities/depend on others for help

17. Based on this, and past experiences, what type of job and tasks do you want to do?

18. What is this job choice based on? Why do you like it? What factors seem to be the most important to you?

19. What supports do you have to help you in your day to day? Which are most helpful for you?

GOOD JOB! THANK YOU!

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Community Based Work Assessment**

Section 4:

Employer's Performance Evaluation:

Name: _____

Date: _____

Position/Title: _____

*** Please answer the following to the best of your knowledge and experiences with the participant. THANK YOU!*

1. What tasks did they complete to your standards?

2. What strengths/assets did the participant present? What tasks did the participant do really well?

3. What tasks did they seem to struggle with? Or were unable to complete?

4. Were there any areas of concern in the following:

Performance: _____

Social Interaction: _____

Endurance/Stamina: _____

5. Did the participant respond {positive or negative reaction} when receiving feedback?

6. Please rate the following:

Work Related Skills

(The following are on a scale of 1 to 5, rate according to observation: 1 = minimal, 2 = with support, 3 = average, 4 = without supports, 5 = superior, or n/a = not applicable.)

Attendance (attends every shift)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Punctuality												
Starts shifts on time	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Returns from breaks on time	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Appropriate appearance/Attire	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Management of stress and workload	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Acceptance of change	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Adaptability/flexibility	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Ability to learn new tasks	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Level of initiating tasks	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Self-Management												
(able to separate personal life from work)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Follow through (carries out instructions as given)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Works Independently	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Cooperation												
with coworkers	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
with supervisors	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
with job coach	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Ability to focus on task(s)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Ability to work in spite of distractions	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Neatness and accuracy of work	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Willingness to help coworkers/team player	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Ability to ask questions/seek assistance,	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Accepts suggestions/feedback appropriately	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Task completion												
Quantity (production, numbers and speed)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Quality (complete/meets expectations)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Level of supervision needed	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
Level of safety awareness	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a

Ability to switch tasks 1 2 3 4 5 n/a
Ability to prioritize 1 2 3 4 5 n/a

7. What would you recommend that would help the participant in their success in employment?

8. What areas could this participant improve on in considering them for hire?

9. Would you hire this participant for this position? Another position? (Why or why not/?)

10. Did the job coach provide you and this participant with the services needed to succeed in this experience? (How or in what way did they not?)

11. Would you be willing to host another Vocational Rehabilitation participant in this program? (Why or why not?)

12. Comments/Recommendations:

THANK YOU FOR YOUR TIME! WE DO APPRECIATE IT!