

Targeted Vocational Assessment Report

Section 1: General Information and On-Site Monitoring Plan

Name of Participant:

Date:

Name of Counselor:

Contractor:

Name of Job Coach:

Reason(s)/Objective for this Targeted Site & Vocational Assessment:

Expected Outcome(s):

Targeted Work Site/Employer:

Address: **Employer's Job Title:**

Participant's Job Title:

Work Days:

Shift Hours:

Total Hours completed by participant for TVA:

Position Details- (attach employer's job description if available)

Requirements (specific skills, education, qualifications, certifications, ex's Food Handlers, CPR/First Aid, NCRC):

Known barriers/impediments to job performance:

Experience: Please specify the minimum experience required by the employer to perform the duties of the job.

Job Responsibilities: Please describe what the participant does. Indicate those responsibilities you consider to be most important and/or most difficult for the participant.

a. Daily responsibilities (Essential Functions):

b. Periodic responsibilities (Please indicate frequency, whether weekly, monthly, quarterly, etc.):

c. Is the participant performing any duties not originally expected for this TVA?

If yes, please describe.

- d. Did you notice any tasks or opportunities in the worksite the participant could have successfully completed, not originally offered by the employer? (Could this position be expanded for this participant?)

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

Section 2: TVA Results

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

Part 1: Evaluation and Observations:

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

Yes No

What production expectations did the employer have?

Was the participant able to match any of these expectations with their own abilities? Why or Why not? Actual Production Rates were:

Level of coaching needed (recommended) by the end of the TWE-
(Explain any changes from start to completion)

Complete independence:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Weekly support:	5X	<input type="checkbox"/>	3X	<input type="checkbox"/>	2X	<input type="checkbox"/>	1X	<input type="checkbox"/>
Daily support (partial):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Full time support:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

Explain recommendations:

Specific Observations from this TWE:

Specific Interventions used:

Training tools/strategies/accommodations used that worked:

That didn't work:

What forms of accommodation/tools are recommended that will promote this participant's vocational success?

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

Task Related Data:

Tasks that were easy (strengths):

Tasks that were challenging or difficult (weaknesses):

Tasks they couldn't/can't do:

What insights (any comments) did the participant share during this work experience?

Likes:

Dislikes:

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

What, if any, recommendations would you suggest for job restructuring (including accommodations) to improve participant's success in this job/field.

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

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

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

Why or why not:

Placement Recommendations:

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

Frustration tolerance 1 2 3 4 5 n/a

Management of stress 1 2 3 4 5 n/a

Flexibility 1 2 3 4 5 n/a

Follows instructions accurately-

Written 1 2 3 4 5 n/a

Verbal 1 2 3 4 5 n/a

Kinetic(hands on) 1 2 3 4 5 n/a

Self Direction:

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

Intermittent prompts/cues

(Low Supervision)

Often Sometimes Rarely

Occasional/task oriented prompts/cues

Often Sometimes Rarely

Frequent prompts/cues

(High Supervision)

Often Sometimes Rarely

Adapting to change:

Change easily Rigid routine required Some difficulty Great difficulty

Comments:

Number of steps able to do independently:

2 3 4 5 6 7 or more

Initiative/Motivation:

Always seeks work Sometimes volunteers Waits for direction Avoids next task

Comments:

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,	<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
Receptive Language (understands others)	<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
Expressive Language (understood by others)	<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 self-advocate	<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

Interpersonal Skills:

Cooperation (team player)-

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

Initiates social interactions

1 2 3 4 5 n/a

Interprets and understands social cues

1 2 3 4 5 n/a

Ability to maintain personal boundaries

1 2 3 4 5 n/a

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

Does position direct/lead the work of any other workers (act as lead worker)?

Yes No

If yes, describe:

Work Tolerance - (Note: Rate as Often, Sometimes, or Rarely completed by participant.)

Stamina/Endurance -

(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.)

Works entire shift 1 2 3 4 5 n/a

Comments: (Any additional breaks/rests, schedule adaptations)

Maintains appropriate/expected work pace 1 2 3 4 5 n/a

Lifting required: Yes No

Maximum # of pounds lifted: _____ With supports Without supports

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

Yes No

Explain:

Environmental Conditions– (Any obvious observations)

Yes No

If yes, what were the specific conditions observed that were, or could be issues for this participant: (ex's: space (confined), odor, lighting, temperatures, noise. worked indoor/outdoors)

Mobility: Physical Effort - Refers to the amount of physical exertion required in handling materials, using tools, working with/on programs, and operating machines and/or equipment.

a. Does NOT operate any controls, machines, equipment, or technology. (If True, skip to next question on Motion.)

True False

b. Identify programs, equipment, tools, materials, and/or machinery handled/used.

Please indicate percentage of work time expected on each.

Machinery _____%

Equipment _____%

Materials _____%

Tools _____%

Programs/Technology _____%

c. Comments:

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
Bending/Kneeling/Stooping	<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

Were any of the above 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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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 strategies or tools did work for you to be better on the job?

What didn't?

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

11. 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 1 2 3 4 5 n/a

Focus (ability to stay on one task):

Less than 1 hour 1 2 3 4 5 n/a

1 hour 1 2 3 4 5 n/a

2 hours 1 2 3 4 5 n/a

3 hours 1 2 3 4 5 n/a

4 hours 1 2 3 4 5 n/a

5 + hours 1 2 3 4 5 n/a

Ability to work in spite of distractions 1 2 3 4 5 n/a

Attention to detail 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

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
- Judgment/reasoning ability 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
- Number of steps able to do independently

2 3 4 5 6 7 or more

Stamina- Endurance without breaks:

- Work required for < 2 hours 1 2 3 4 5 n/a
- Work required for 2-3 hours 1 2 3 4 5 n/a
- Work required for 3-4 hours 1 2 3 4 5 n/a
- Work required for 4-5 hours 1 2 3 4 5 n/a
- Work required for 6-7 hours 1 2 3 4 5 n/a
- Work required for 8 or more hours 1 2 3 4 5 n/a

Social Skills

- Understand others 1 2 3 4 5 n/a
- Understood by others 1 2 3 4 5 n/a
- 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
- Respond appropriately to social interactions 1 2 3 4 5 n/a
- Ability to ask questions/seek assistance, 1 2 3 4 5 n/a
- Follows instructions accurately
- Written 1 2 3 4 5 n/a
 - Verbal 1 2 3 4 5 n/a
 - Kinetic(hands on) 1 2 3 4 5 n/a
- Ability to learn new tasks 1 2 3 4 5 n/a
- Problem solving skills 1 2 3 4 5 n/a
- Ability to recall/memory 1 2 3 4 5 n/a
- Boundaries
- (able to separate personal life from work) 1 2 3 4 5 n/a
- Follow through (carries out instructions as given) 1 2 3 4 5 n/a

Self-correction of errors

1 2 3 4 5 n/a

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

13. What would you or could the employer or coach do differently to make the job better for you?

14. If you could do this or any another work experiences with this employer what would you do? Why?

15. 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

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

17. 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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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	<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
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
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
Ability to reason/decision making	<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
Boundaries												
(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
Level of reinforcement/cuing 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
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 (team player)												
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/redirect	<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
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

Comments: _____

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
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Level of safety awareness

1 2 3 4 5 n/a

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

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

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!