Educational Evaluation Report Review and Functional Limitation Statement
Impediment to Employment

Client Name: ________________________________

Date Reviewed: ________________________________

Following review of the attached report[s], the conditions detailed therein continue to exist and constitute a substantial impediment to employment for the above named individual.

These conditions would present as the following limitations in functional capacity checked below:

**Communication:**
- __ Communication: Unable to communicate verbally.
- __ Communication: Unable to use formal language of any type (spoken or sign).
- __ Communication: Does not readily understand others.
- __ Communication: Not readily understood by others.
- __ Communication: Unable to converse via telephone.
- __ Communication: Unable to initiate or sustain conversation.
- __ Communication: Conversation may be limited to single words or short phrases.
- __ Communication: Speech is rambling or illogical.
- __ Communication: Talks and interrupts excessively.
- __ Communication: Unable to follow written instructions or interpret written materials.
- __ Communication: Other. Explain: ________________________________________

**Interpersonal:**
- __ Interpersonal: Unable to understand/demonstrate interaction or behavior appropriate to a worksite.
- __ Interpersonal: Insufficient psychological/social interaction for participation in desired activities.
- __ Interpersonal: Unable to determine appropriate social response to others.
- __ Interpersonal: Isolation/withdrawal from co-workers.
- __ Interpersonal: Unable to effectively resolve conflict with co-workers.
- __ Interpersonal: Spotty, intermittent work history.
- __ Interpersonal: Other. Explain: ________________________________________

**Mobility:**
- __ Mobility: Unable to use public transportation.
- __ Mobility: requires assistance getting around community.
- __ Mobility: Unable to read street signs or bus schedules.
___ Mobility: Unable to recall basic location directions.
___ Mobility: Unable to travel due to psychological impairment.
___ Mobility: Unable to manage time independently.
___ Mobility: Unable to plan travel to work.
___ Mobility: Balance/gross motor coordination issues impede preparation/participation in work/training.
___ Mobility: Other. Explain: ________________________________________

Self-Care:
___ Self-Care: Needs monitoring to prevent injury.
___ Self-Care: History of poor decision making or unaware of consequences of behavior.
___ Self-Care: Requires personal care attendant.
___ Self-Care: Unable to manage money or finances.
___ Self-Care: Other. Explain: ________________________________
___ Self-Direction: Requires levels of supervision not consistent with competitive employment.
___ Self-Direction: Cognitive deficits impairing work quality or productivity.
___ Self-Direction: Other. Explain: ________________________________

Work Skills:
___ Work Skills: Reading, spelling, math at/below 5th grade level.
___ Work Skills: Difficulty learning new tasks.
___ Work Skills: Limited task sequence recall ability.
___ Work Skills: Requires accommodations or Rehabilitation Technology.
___ Work Skills: Significantly reduced speed.
___ Work Skills: Other. Explain: ________________________________

Work Tolerance:
___ Work Tolerance: Unable to sustain attention sufficient to perform essential functions of job.
___ Work Tolerance: Lacks physical or emotional stamina to perform essential functions of job.
___ Work Tolerance: Misses more than two (2) days each month.
___ Work Tolerance: Other. Explain: ________________________________

Name (Please Print): ___________________________________________

Signed: _____________________________________________________

Position: ___________________________________________________

Credentials: ________________________________________________