



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Integrated Work Site Assessment

Customer Last Name:

First Name:

Middle Name:

This work site assessment is used to determine the customer's abilities, strengths, skills and accommodations that may be needed. It is not a comparative tool, but describes the person's activity during the assessment. The Integrated Work Site Assessment form should accompany the Vendor Authorization to process payment. Please do not leave any item unanswered.

Date of Assessment:

Company Name:

Estimated number of employees at the work site location:

Company contact (name and phone number):

Address:

Job Title:

Hourly Wage for this particular job:

Provide detailed description of tasks performed at this work site:

How long did the work site assessment last at this location? (hours, days)

Identify the work culture at the work site assessment.

Directions: Indicate the response for each item based on information gathered and observed during the work site situational assessment. When applicable, include frequency of its occurrence and the environment where it occurs.

Strength: Lifting and Carrying: Poor (< 10 lbs); Fair (10 - 20 lbs); Average (30 - 40 lbs); Strong (> 50 lbs)

Endurance: Works < 2 hours; Works 2 - 3 hours; Works 3 - 4 hours; Works > 4 hours

Environmental Demands/Preferences: Heat, Cold; Dust or Dirt; Fumes; Hazards; Indoors;

Outdoors; Biohazard, noise level.
Provide details:

Orienting: Small area only; One room; Several rooms: Building-wide; Building and grounds

Physical Mobility: Sit/stand in one area; Fair ambulation; Stairs/minor obstacles; Physical abilities

Accommodations/Assistive Technology: describe needs

Independent Work Rate (no prompts): Slow pace; Steady/average pace; Above average:
Sometimes fast; Continual fast pace

Appearance: Unkempt/poor hygiene; Unkempt/clean; Neat/clean but clothing unmatched; Neat/clean
and clothing matched

Communication: Uses sounds/gestures; Uses key words/signs; Speaks unclearly; Communicates clearly,
intelligible to strangers

Social Interaction: Rarely interacts; Polite, responses appropriate; Initiates social interactions infrequently;
Initiates social interactions

Attention to Task/Perseverance: Frequent prompts required; Intermittent prompts/high supervision;
Intermittent prompts/low supervision; Infrequent prompts/low supervision

Style of Learning: Observe, read, listen, model, trial and error, repetition

Independent sequencing of job duties: Cannot perform tasks in sequence; Performs 2 – 3 tasks in sequence;
Performs 4 – 6 tasks in sequence; Performs 7 or more tasks in sequence

Initiative / Motivation: Always seeks work; Sometimes volunteers; Waits for directions; Avoids next task

Adapting to Change: Adapts to change with some difficulty; Adapts to change with great difficulty;
Rigid routine

Reinforcement Needs Frequent required:

Level of Support/Attitude Towards Work: Very supportive of work; Supportive of work with reservation;
Indifferent about work; Negative about work

Discrimination Skills: Cannot distinguish between work supplies; Distinguishes between work supplies with an
external cue; Distinguishes between work supplies

Handling Criticism/ Interaction with supervisor: Stress Resistive/argumentative; Withdraws into silence;
Accepts criticism/does not change

Asking for Assistance from Peers: Co-workers; Acquaintances; Persons in authority

Marketable/ Transferable Skills; identification of skills that employers would desire

Time Awareness: Unaware of time and clock function; Identifies breaks/lunch; Can tell time to the hour; Can tell time in hours/minutes

Functional Reading: None; Sight words/symbols; Simple reading; Fluent reading

Functional Math: None; Simple counting; Simple addition/subtraction; Computational skills

Travel Skills: Requires bus training; Uses bus independently (with or w/o transfers); Able to make own travel arrangements

Physical Limitations Impairment: Medications; Medical restrictions

Responding to Survival Words: Street signs; Restrooms; Danger, stop

Disruptive Behavior that interferes with activities of others: Yelling, screaming; Clinging; Laughing/crying for no reason; Interrupting

Behavior that may be socially offensive to others: Pacing; Rocking; Twirling fingers; Twitching; Talking too loud; Burping; picking nose; touching; hugging

Job Training and Integration

Based on this specific work site situational assessment, describe how the Employment Specialist or Job Skills Trainer/Job Coach will support the customer and the employer during the initial training period, should the customer decided that this would be a good job match.

Describe any accommodations that may need to be made for either the orientation and/or during the job specific training.

List strategies for reducing direct job-skills training and supervision and involving the appropriate natural training and support personnel:

Additional Comments:

Date the report content was reviewed with the customer or their representative/guardian:

Signatures:

I, the Employment Specialist, certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain credential and training requirements as described in the CRP Service Guide.		
Name of Community Rehabilitation Provider:		
Name of the Employment Specialist	Signature:	Date form was submitted: