Name of Customer: Click or tap here to enter text.

Name of VR Counselor: Click or tap here to enter text.

CRP Name (Agency name): Click or tap here to enter text.

Name of Person Conducting Assessment: Click or tap here to enter text.

Job Site Location: Click or tap here to enter text.

Date(s) of Assessment: Click or tap here to enter text.

Job Site Contact Person, Job Title, and Telephone Number: Click or tap here to enter text.

What tasks were observed at this job site? Click or tap here to enter text.

How long did the customer participate in the job shadowing experience?

Click or tap here to enter text.

What accommodations would the customer need to perform this task on an ongoing basis? Click or tap here to enter text.

What education/training would the customer need to qualify for this type of work?

Click or tap here to enter text.

How much job coaching will this individual need to perform these job tasks?

Click or tap here to enter text.

Is the customer still interested in this type of work after the job shadowing experience?

Click or tap here to enter text.

Did the job shadowing experience reveal interests in any other areas of employment?

Click or tap here to enter text.

SUMMARY AND RECOMMENDATIONS: Click or tap here to enter text.

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

CRP Signature Click or tap here to enter text.

Date Completed Click or tap here to enter text.