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|  | TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICESTrial Work Report |

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| **CRP Agency Name:**  |
| **Name of Customer:** |
| **Submission Date:** |
| **VR Counselor:** |

**Please respond to the following:**

* **How many Trial Work Experiences (TWE’s) were completed by the customer?**

 Click or tap here to enter text.

* **How long did each Trial Work Experience last?**
* **Based on observations, is the customer capable of benefitting from VR services?** Yes [ ]  No [ ]
* **Provide detailed justification, based on observations and case documentation, why you believe the customer is or is not capable of benefitting from VR services?**

Click or tap here to enter text.

* **If customer is capable of benefitting from VR services, are Supported Employment (SE) services recommended for the customer?** Click or tap here to enter text.
* **How many Trial Work Experiences were completed?** Click or tap here to enter text.
* **Please complete the attached. Use one page per Trial Work Experience and address each item.** Click or tap here to enter text.

**CRP Signature** Click or tap here to enter text.

**Date Completed** Click or tap here to enter text.

**Trial Work Experience (TWE)**

* **Name and phone number of business used to provide Trial Work Experience for this customer:** Click or tap here to enter text.
* **Describe the following:**
	+ - * **Date of TWE:** Click or tap here to enter text.
			* **Type of work attempted:** Click or tap here to enter text.
			* **Time spent at job site:** Click or tap here to enter text.
			* **Available accommodations at job site:** Click or tap here to enter text.
			* **Comment on customer’s strength and endurance: (including mobility and physical limitations):** Click or tap here to enter text.
			* **Challenging behaviors (social interaction skills):** Click or tap here to enter text.
			* **Time Management skills:** Click or tap here to enter text.
			* **Functional limitations:** Click or tap here to enter text.
			* **Communication Skills:** Click or tap here to enter text.
			* **Effects of medication on functioning:** Click or tap here to enter text.
			* **Performance of essential job duties: (ability to follow directions, quality of work, and attention to detail.)** Click or tap here to enter text.
			* **Accommodations Needed: (job coach, assistive technology, special schedule, etc.)** Click or tap here to enter text.
			* **Is there sufficient evidence that this customer can sustain employment?** Click or tap here to enter text.

**Other comments:**

Click or tap here to enter text.

**CRP Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.