



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Trial Work Report

CRP Agency Name:

CRP Staff 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?
- ❖ 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?
- ❖ If customer is capable of benefitting from VR services, are Supported Employment (SE) services recommended for the customer?
- ❖ How many Trial Work Experiences were completed?
- ❖ Please complete the attached. Use one page per Trial Work Experience and address **each** item.

CRP Signature

Date Completed

Trial Work Experience (TWE)

- ❖ Name and phone number of business used to provide Trial Work Experience for this customer:

- ❖ Describe the following:
 - Date of TWE:
 - Type of work attempted:
 - Time spent at job site:
 - Available accommodations at job site:

 - Comment on customer's strength and endurance: (including mobility and physical limitations):

 - Challenging behaviors (social interaction skills):

 - Time Management skills:

 - Functional limitations:

 - Communication Skills:

 - Effects of medication on functioning:

 - Performance of essential job duties: (ability to follow directions, quality of work, and attention to detail.)

 - Accommodations Needed: (job coach, assistive technology, special schedule, etc.)

 - Is there sufficient evidence that this customer can sustain employment?

Other comments:

CRP Signature: _____ **Date:** _____