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|  | **TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES****Work Readiness Assessment Report** |

**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 and Telephone Number:**

Click or tap here to enter text.

**What tasks were performed at this job site?**

Click or tap here to enter text.

**How long did the customer work at the job site assessment?**

Click or tap here to enter text.

**What, if any, barriers, physical or cognitive, affected the individual’s ability to perform the job tasks for the duration of the assessment?**

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.

**BEHAVIORAL OBSERVATIONS IN WORK READINESS ASSESSMENT**

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| --- | --- |
| **BEHAVIORAL AREA** | **RATE EACH AREA and PROVIDE COMMENTS TO SUPPORT THE RATING.** Scale: 1-unacceptable; 2-fair (needs improvement); 3-average; 4-above average; 5-excellent (no improvement needed)  |
| **Attire, Grooming and Hygiene** | Click or tap here to enter text. |
| **Staying on Task** | Click or tap here to enter text. |
| **Following****Instructions** | Click or tap here to enter text. |
| **Working Independently / Initiative** | Click or tap here to enter text. |
| **Cooperating with Supervisors and coworkers** | Click or tap here to enter text.  |
| **Following Safety Practices** | Click or tap here to enter text.  |
| **Work Tolerance** | Click or tap here to enter text.  |
| **Work Speed and Quality** | Click or tap here to enter text. |
| **Attendance and Punctuality**  | Click or tap here to enter text. |
| **Response to Correction** | 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:**

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.