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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  Integrated Work Site Assessment |

**Last Name:**       **First Name:**       **Middle Name:**

**Last 4 digits of SSN:**

This work site assessment is used to determine what a person can do, their 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 Purchase Order (VPO) 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 client work at the work site assessment? (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 or 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 is 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 client and the employer during the initial training period, should the client 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:

**Signatures:**

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| 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 Letter of Agreement (LOA). | | |
| Name of Community Rehabilitation Provider: | | | |
| Name of the Employment Specialist | Signature:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date Form was Submitted: | |
| I, the client (or legally authorized representative), am satisfied and certify that the dates, times, and services are accurate. | | |
| **Client’s signature:**  **x** | | **Date:** |
| **Signature of the client’s representative or legal guardian (if applicable):**  **x** | | **Date:** |

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| **VOCATIONAL REHABILITATION SERVICES ONLY** | | |
| **Approved**  **Sent back to CRP** | | |
| **VR Counselor Signature: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** | |
| **Additional Comments:** | | |