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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program****Job Sampling Assessment Report** |

**Name of Client:**

**Name of VR Counselor:**

**Job Site Location:**

**Date(s) of Assessment:**

**Job Site Contact Person, Job Title, and Telephone Number:**

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

**How long did the client participate in the job sampling experience?**

**Describe the client’s attendance (tardiness, absenteeism) during the job sampling experience?**

**What specific skills associated with this type work did the client demonstrate/experience?**

**Describe other relevant observations such as client’s ability to follow instructions, interaction with coworkers and supervisors, etc.**

**What accommodations would the client need to perform this task on an ongoing basis?**

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

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

**Is the client still interested in this type of work after the job sampling experience?**

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

**RECOMMENDATIONS FOR PERMANENT EMPLOYMENT:**

**Results were discussed with client on:**

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**CRP Signature Date Completed**