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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program****Workplace Readiness Assessment Report** |

**Name of Client:**

**Name of VR Counselor:**

**Job Site Location:**

**Date of Assessment:**

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

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

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

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

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

**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** |       |
| **Staying on Task** |       |
| **Following Instructions** |       |
| **Working Independently / Initiative** |       |
| **Cooperating with Supervisors and Coworkers** |       |
| **Following Safety Practices** |       |
| **Work Tolerance** |       |
| **Work Speed and Quality** |       |
| **Attendance and Punctuality**  |       |
| **Response to Correction** |       |

**SUMMARY AND RECOMMENDATIONS:**

**Results were discussed with client on:**

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**CRP Signature Date Completed**