

**Department of Labor
DIVISION OF VOCATIONAL REHABILITATION**

**COMMUNITY BASED WORK ASSESSMENT
(Must Accompany DVR - 7 Authorization in Order to Receive Payment)**

Name of Consumer: _____ **Date:** _____

DVR Counselor: _____ **Provider:** _____

- I. PRE ASSESSMENT SUMMARY OF INFORMATION** - with consumer and school/family/caregiver network, in which occupational choices and concerns are discussed and identified; and includes job preferences, work conditions desired and disliked.

Family/Network of Support:

Strengths:

Interests:

Job Environment (Likes/Dislikes):

Job Choice/Preferences:

Criminal History Indicated:

Benefits Counseling Completed/Recommended:

If the consumer is still enrolled in school, has information been gathered from the school district? If so, please include a description of the information provided by school personnel and dates received.

Prior to engaging in the work assessment, what are the work tasks/behaviors to be observed?

II. WORK HISTORY OR PAST EXPERIENCES -

Summary of skills learned from pervious jobs or work related tasks in the home or community:

Summary of Support Needs/Barriers Identified Previously:

III. SITUATIONAL ASSESSMENTS - List each situational assessment, particulars of the job, how well did the consumer perform or not perform; consumers like or dislikes; discuss barriers to successful employment (i.e., family issues, transportation, salary issues, hours, functional abilities, worksite accommodations, supports needed, etc.)

A. Company: _____ **Position:** _____

Duties: _____

Hours Spent On Site with Consumer: _____ **Date(s):** _____

Summary:

B. Company: _____ **Position:** _____

Duties: _____

Hours Spent On Site with Consumer: _____ **Date(s):** _____

Summary:

C. **Company:** _____ **Position:** _____

Duties: _____

Hours Spent On Site with Consumer: _____ **Date(s):** _____

Summary:

D. **Company:** _____ **Position:** _____

Duties: _____

Hours Spent On Site with Consumer: _____ **Date(s):** _____

Summary:

IV. SUMMARY OF FUNCTIONING - Based on the information in Sections I, II, and III, provide a summary of the individual's ability to function in the workplace.

(The following are rated 1 through 5 according to observation; 1=minimal, 3=average, 5=superior, n/a=not applicable)

A. Interests

1.	Enjoys working with people	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
2.	Enjoys doing paperwork	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
3.	Enjoys working outdoors	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
4.	Enjoys working with their hands	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
5.	Enjoys problem solving	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
6.	Enjoys working independently	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a

B. Ability to Perform Tasks

1.	Dress/appearance	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
2.	Level of reinforcement needed	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
3.	Level of Supervision needed	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
4.	Multitasking	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
5.	Level of Initiating tasks	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
6.	Level of Tolerance/endurance	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
7.	Level of Sequencing	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
8.	Ability to Switch Tasks	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
9.	Ability to Interact with Coworkers	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
10.	Family Support	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
11.	Reading Ability	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
12.	Writing Ability	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
13.	Mathematical Ability	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
14.	Accommodations Required	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a
15.	Assistive Technology Required	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	n/a

V. RECOMMENDATIONS AND CONCLUSIONS:

- A. If concerns are identified in the report, please provide recommendations as to how they may be addressed through the use of assistive technology, accommodations and/or natural supports:**

- B. Does the person have the skills and abilities required to perform their preferred work activities? Please explain why or why not.**

- C. Were there limitations not previously noted by the rehabilitation counselor? If so, please explain in detail.**

D. On which vocational task does the individual demonstrate the greatest potential?

E. Additional Summary Information:

Applied Behavioral Analysis and Supports Recommended: YES NO

(IF YES, APPLIED BEHAVIORAL ANALYSIS MUST BE COMPLETED PRIOR TO PAYMENT FOR ASSESSMENT PHASE)

Customized Employment Recommended: YES NO

(IF YES, CUSTOMIZED EMPLOYMENT PLAN MUST BE COMPLETED PRIOR TO PAYMENT FOR ASSESSMENT PHASE)

Total Hours Spent with Consumer: _____

Signature: _____

Date: _____

Print Name: _____

Phone: _____