

SITUATIONAL ASSESSMENT FORM

Consumer Name: _____ Date: _____

Employment Specialist: _____ Hours: _____

Location of Assessment: _____ Type of Job: _____

I. Referral Reason:

II. Description of Job and Employment Setting:

III. Evaluation:

DIRECTIONS: Record an "X" in the appropriate space that best describes the consumers abilities, behaviors, characteristics, or activities. Record "NO" if the situation was not observed. Record "NA" if the section does not apply. In the comment section, describe the behavior, characteristic, or activity when appropriate. When applicable, include the frequency of its occurrence and the environment it occurs. (Include the antecedent, consequences, location, people, etc.).

1. Strength, Lifting and Carrying

_____ less than 10 lbs. _____ 10-29 lbs. _____ 30-40 lbs. _____ more than 40 lbs.

Comments: _____

2. Ability to Grip and Hold Objects

_____ Small, light objects _____ Small, heavy objects _____ Large, light objects
 _____ Large, heavy objects _____ Needs assistance when holding objects

Explain grip strength by using examples: _____

3. Endurance

_____ Less than 2 hours _____ 2-3 hours _____ 3-4 hours _____ More than 4 hours

Comments: _____

4. Physical Mobility

_____ Sit/Stand in One Area _____ Fair Ambulation _____ Stairs/Minor Obstacles
 _____ Physical Abilities _____ Mobility assistance is needed (describe below, wheelchair, walker, etc.)

Comments: _____

5. Independent Work Rate (no prompts)

☐ Slow pace ☐ Steady/average pace
☐ Above average/sometimes fast pace ☐ Continual fast pace

Comments: _____

6. General Appearance

☐ Unkept/poor hygiene ☐ Unkept/clean ☐ Neat/clean but clothing unmatched
☐ Neat/clean and clothing matched ☐ Wears appropriate work place attire (shoes, boots, etc.)

Comments: _____

7. Communication

☐ Uses sounds/gestures ☐ Uses key words/signs ☐ Does not speak clearly
☐ Communicates clearly ☐ Uses a communication device ☐ Intelligible to strangers

Comments: _____

8. Social Interactions

☐ Polite, responses appropriate ☐ Initiates social interactions
☐ Initiates social interactions infrequently ☐ Rarely interacts appropriately

Comments: _____

9. Ability to handle stress

☐ Shows no sign of stress or fatigue ☐ Shows some sign of fatigue ☐ Shows stress or fatigue frequently

Comments: _____

10. Observations during breaks

☐ Operates vending machine without assistance ☐ Takes breaks and returns to work on time
☐ Interacts appropriately during break

Comments: _____

11. Correspondence

☐ Reads simple words ☐ Reads sentences ☐ Reads and understands written material
☐ Writes simple words ☐ Writes complete sentences ☐ Types and is able to use a computer

Comments: _____

12. Attention to Task/Perseverance

☐ Frequent prompts, cues and supports required ☐ Intermittent prompts required
☐ Infrequent prompts/low supervision ☐ No prompts required

Comments: _____

13. Independent Sequencing of Job Duties

☐ Unable to perform tasks in sequence ☐ Performs 2-3 tasks in sequence

_____ Performs 4-6 tasks in sequence

_____ Performs 7 or more tasks in sequence

Comments: _____

14. Initiative/Motivation

_____ Always seeks work _____ Sometimes volunteers _____ Waits for directions _____ Avoids next task

Comments: _____

15. Adapting to Change

_____ Change easily _____ Rigid routine required _____ Some difficulty _____ Great difficulty

Comments: _____

16. Reinforcement Needs

_____ Frequent required _____ Daily _____ Weekly _____ Reinforcements available at work site

Describe the type and amount of reinforcement needed: _____

17. Interest (Observed) in Working in this Environment/Job

_____ Very _____ Some w/reservations _____ Unsure _____ Not interested

Comments: _____

18. Discrimination Skills of Work Supplies

_____ Not capable _____ Has difficulty/needs cues _____ Distinguishes between work supplies

Comments: _____

19. Time Awareness

_____ Unaware of time and clock function _____ Identifies breaks/lunch _____ Tells time to the hour
_____ Returns to work after break/lunch _____ Tells time in hours/minutes

Comments: _____

20. Handling Criticism/Stress

_____ Resistive/argumentative _____ Withdraws into silence
_____ Accepts criticism/does not change _____ Accepts criticism/attempts to improve
If this varies, indicate with whom, male or female, co-worker and/or supervisor etc..

Comments: _____

21. Orienting to the Environment

_____ Small Area Only _____ One Room _____ Several Rooms
_____ Building Wide _____ Building and Grounds

Comments: _____

22. Travel Skills

_____ Requires bus/cab training _____ Street crossing abilities (difficulty crossing street)
_____ Able to make own travel arrangements _____ Uses bus/cab independently (with or w/out transfers)

Comments: _____

23. Behaviors that are not typical or acceptable of the workplace

_____ None _____ few _____ Many

If so, describe behavior and the time of day and who may be close to him/her at the time.

Comments: _____

24. Asking for Assistance

_____ Peers _____ Co-workers _____ Acquaintances _____ Persons in authority _____ Does not ask

Comments: _____

IV. Summary/Recommendations:

1. Functional Limitations in Performing the Job Duties

_____ Many _____ Some _____ None _____ Can be improved with accommodations or training

Explain: _____

2. Recommendation for Job Restructuring or Accommodations

Explain: _____

3. Recommended Services/Supports that May be Needed to Perform Job Duties

_____ Clothing/uniform _____ Transportation _____ Medication (monitoring) _____ Financial Planning
_____ Assistive device/accommodations _____ Tools/equipment _____ Job coaching _____ Other

Explain: _____

