SITUATIONAL ASSESSMENT FORM

Consumer Name: _____________________________________  Date: ________________________

Employment Specialist: __________________________________________ Hours:_____________

Location of Assessment: _______________________  Type: __________________________

I. Referral Reason:
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

II. Description of Job and Employment Setting:
_____________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

III. Evaluation:

DIRECTIONS: Record an "X" in the appropriate space that best describes the consumer's 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)
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
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/tries 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
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)
   _____ Assistive device/accommodations
   _____ Tools/equipment
   _____ Job coaching
   _____ Financial Planning
   _____ Other
Explain: ____________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________