**Community Based Situational Assessment (CBSA)\* definition:**

A CBSA is utilized to assess a client’s skills, abilities, strengths, barriers, and need for long term support in a competitive work environment.

In a CBSA, the Employment Specialist would determine what, if any additional support might be needed for the client to be successful. The Vocational Rehabilitation Counselor (VRC) may be reasonably certain a client can do well in a specific job, but may be unsure of what services might be necessary to best insure the client’s success over time. It is often necessary to evaluate the client’s abilities to meet those demands by observing him/her in the actual work environment.

NOTE: A CBSA also provides the employer an opportunity to see a client “in action”.

A job offer may be an outcome of the CBSA, in which case, the information gathered will be utilized to create the Individualized Plan for Employment (IPE).

**Required Information: To be completed by Employment Specialist (ES):**

|  |
| --- |
| **Client Name:**       |
| **Report Date:**       |
| **Referring VRC:**       |
| **CRP/Agency:**       |
| **Employment Specialist:**       |
| **Job Coach:**       |
| **Purpose of Service:**       |

**Assessment Site:**

**Address:**

**Assessment Date(s):**

**Assessment Schedule:**

**Client Job Position (Title):**

**Total number of hours client worked during this assessment:**

* **Daily:**
* **Weekly:**
* **Total:**

**Number of on-site job coaching hours required by client**:

**Number of direct support hours provided to client:**

**Responsibilities of client’s job position:**

**Vocational Capacity**

The Vocational Capacity assessment identifies the client’s ability to carry out the required tasks of the job. Please indicate which factor or factors are required to perform a specific job/task function. Please note in the comment section the client’s performance and any accommodations which may be needed.

1. Standing:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Walking:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Sitting:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Driving:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Lifting:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (above waist, below waist, pounds)

1. Carrying:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (pounds, distance)

1. Pushing:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (pounds)

1. Pulling:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (pounds)

1. Climbing:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (ladders, stairs, scaffolds, ramps, poles)

1. Balancing:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Stooping:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Kneeling:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Crouching:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Reaching:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (overhead, chest level)

1. Gross Motor Skills:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Fine Motor Skills:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Communication:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (oral/verbal, gestural, signing/verbal)

1. Hearing Required:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (regarding coworkers, phone, public)

1. Exposure to weather:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Exposure to Cold Temperatures:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Exposure to Hot Temperatures:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Exposure to Wet and/or Humid:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Noise Intensity Level:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (quiet, moderate, loud, very loud)

1. Vibration:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Atmospheric Conditions:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments: (odor, dust, mist, gas, fumes)

1. Mechanical Parts Hazard:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Toxic/Caustic Chemical Hazard:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Other Environmental Conditions:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Protective Clothing:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Near Acuity: (under 20 inches)

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Far Acuity: (over 20 feet)

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Depth Perception:

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Color Vision (Need to distinguish colors):

[ ]  Not present

[ ]  Occasional

[ ]  Frequent

[ ]  Constant

Comments:

1. Lighting Level:

[ ]  Dim

[ ]  Bright

[ ]  Fluctuating

Comments:

**Identify client’s primary employment strengths based on performance:**

**Identify client’s primary barriers to employment based on performance:**

|  |
| --- |
| **Work Quality Observation**  |
| **Work Pace:** | [ ]  Fast | [ ]  Moderate | [ ]  Slow |
| Comments:       |
| **Work Schedule:** | [ ]  Intermittent | [ ]  Steady |
| Comments:       |
| **Stamina:** | [ ]  High | [ ]  Medium | [ ]  Low |
| Comments:       |
| **Arrival to Work:** | [ ]  Early | [ ]  Timely | [ ]  Late |
| Comments:       |
| **Departure from Work:** | [ ]  Early | [ ]  Timely | [ ]  Late |
| Comments:       |
| **Appropriate Breaks:** | [ ]  Always | [ ]  Sometimes | [ ]  Never |
| Comments:       |
| **Ability to Recognize Surroundings** | [ ]  Always | [ ]  Sometimes | [ ]  Never |
| Comments:       |
| **Ability to work safely and independently** | [ ]  Always | [ ]  Sometimes | [ ]  Never |
| Comments: :       |

**Interpersonal Interaction**

|  |
| --- |
| **Co-workers:**       |
| **Supervisor:**       |
| **Public:**       |
| **Customers:**       |
| **Client’s reaction to authority figures:**       |
| **Ability to accept and act on constructive criticism:**       |

**Do you see the need for supported employment services (on and/or off-site)?** **Please detail reasons for recommendations, including number of hours of long term support recommended for this job position:**

**Based on this assessment, do you believe this worksite/type of employment is a good fit for this client? Please explain:**

**Additional notes if applicable:**

|  |  |  |
| --- | --- | --- |
|  |  |       |
| **Employment Specialist Signature** |  | **Date** |