**Trial Work Evaluation (TWE) definition:**

A TWE is conducted with the goal of helping the VRC determine eligibility for an individual whose ability to benefit from VR services is uncertain. The document used for this is the Trial Work Experience/ Extended Evaluation form. This assessment will provide information about the individual’s skills, abilities, strengths, barriers and/or need for Long Term Support (LTS) in an employment setting. If the individual is not found to be work-ready, the VRC will refer the individual to other services that may help to be able to benefit from VR services in the future.

NOTE: The expectation of the TWE is to use the information provided by the assessment to help determine eligibility for VR services and plan for future services.

**Required Information: To be Completed by the 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:**

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

**Expectations of employer:**

|  |
| --- |
| **Medications:** Do they interfere with individual’s ability to attend work, complete work tasks, concentrate, operate heavy machinery, and/or communicate?      |
| **Vision:** Does the individual have difficulty seeing which affects their ability to attend work, complete work tasks, concentrate and communicate?      |
| **Hearing:** Does the individual have difficulty hearing which affects their ability to attend work, complete work tasks, concentrate and communicate?      |
| **Mobility:** Does the individual have difficulty with mobility which affects their ability to attend work, complete work tasks, and safely move through the work environment as needed?      |

**Mark all applicable responses for each of the following and include comments regarding client’s performance and any accommodations which were provided. If not applicable, please type “N/A” in the comment section.**

1. Transportation availability:

[ ]  Transportation from outsider.

[ ]  Available from others within limits. (Please specify limits below)

[ ]  Available from others, flexible.

[ ]  Provides own transportation.

[ ]  Transportation unavailable.

Comments:

1. Independence regarding arranging transportation:

[ ]  Requires assistance.

[ ]  Must be picked up and left off.

[ ]  Independent with reminders.

[ ]  Independent.

Comments:

1. Flexibility in working hours:

[ ]  No Flexibility.

[ ]  Some, but requires approval from other. (i.e. guardian, residential staff, adherence to court order)

[ ]  Health related considerations.

[ ]  Adaptable to most hours.

Comments:

1. Health maintenance (eating, sleeping, hygiene, etc…):

[ ]  Habits likely to negatively impact other workers.

[ ]  Habits likely to interfere with attendance.

[ ]  Health maintenance not likely to interfere with job.

Comments:

1. Family/significant other’s support for work and rehabilitation:

[ ]  Actively antagonistic to individual’s efforts to work.

[ ]  Indifferent to individual’s efforts to work.

[ ]  Inconsistent.

[ ]  Supportive of the individual’s efforts to work.

[ ]  Case manager, ASPIRE/TANF involvement.

Comments:

**Work****Performance**

1. Work orientation:

[ ]  States or demonstrates desire not to work.

[ ]  Demonstrates ambivalence about work.

[ ]  Desire to work at some point in the future is indicated.

[ ]  Demonstrates desire to work now.

Comments:

1. Work initiative:

[ ]  Avoids work even after assigned.

[ ]  Accepts work once assigned.

[ ]  Initiates preferred work.

[ ]  Seeks work/meaningful activity when assigned tasks are completed.

Comments:

1. Orientation to work site:

[ ]  Needs assistance after orientation training.

[ ]  Orients well to room/work area.

[ ]  Orients to building and grounds.

Comments:

1. Attendance: (Based on 20 hour assessment)

[ ]  Absent 2+ days from TWE for reason not acceptable to the employer.

[ ]  Absent 2+ days from TWE for bona fide reasons.

[ ]  Required support and encouragement to achieve 18-20 hours of TWE.

[ ]  Attended all scheduled hours of TWE.

Comments:

1. Promptness:

[ ]  Is late for reasons unacceptable to the employer.

[ ]  Is late for a bona fide reason.

[ ]  Requires support and encouragement to be prompt.

[ ]  Self-monitors promptness.

Comments:

1. Appearance:

[ ]  Unkempt. Poor hygiene.

[ ]  Unkempt. Clean.

[ ]  Neat and clean. Clothing unmatched or inappropriate clothing.

[ ]  Neat and clean. Clothing matched and appropriate to environment.

Comments:

1. Interaction with co-workers, employer and public:

[ ]  Does not respond appropriately to working with or in proximity to other people.

[ ]  Adapts to working with one other person.

[ ]  Adapts to working with several other people.

[ ]  Works effectively in groups.

[ ]  Works better alone.

[ ]  Works well with public.

Comments:

1. Interaction with supervisors:

[ ]  Does not appear to understand supervisory role.

[ ]  Resistance to supervisory requests.

[ ]  Seeks to please but demands excessive time.

[ ]  Demonstrates respect of supervisory role.

Comments:

1. Reinforcement needs:

[ ]  Requires continued reinforcement.

[ ]  Requires intermittent reinforcement.

[ ]  Responds to natural reinforcement.

Comments:

1. Work productivity:

[ ]  Unaware of speed as a component of job expectation.

[ ]  Recognizes speed as a component of job expectation, but does not demonstrate effort and/or ability to improve.

[ ]  Recognizes speed as a component of job expectation and demonstrates efforts to meet and maintain expectations.

Comments:

1. Work quality:

[ ]  Unaware of quality as a component of job expectation.

[ ]  Recognizes quality as a component of job expectation, but does not demonstrate effort and/or ability to improve.

[ ]  Recognizes quality as a component of job expectation.

Comments:

1. Independence regarding work performance:

[ ]  Requires supervision at all times.

[ ]  Requires frequent supervision.

[ ]  Independent with reminders to stay on task.

[ ]  Independent.

Comments:

1. Handling of constructive criticism:

[ ]  Demonstrates resistance. Becomes argumentative.

[ ]  Neither responds nor changes behavior.

[ ]  Acknowledges criticism; responds by withdrawal from tasks.

[ ]  Makes requested changes in behavior.

Comments:

1. Aggressive actions or speech:

[ ]  Hourly.

[ ]  Daily.

[ ]  Weekly/Monthly.

[ ]  Not at all.

Comments:

1. Ability to follow directions:

[ ]  Carries out 1 step with cues.

[ ]  Carries out 1 step without cues.

[ ]  Carries out multiple steps with cues.

[ ]  Carries out multiple steps without cues.

Comments:

1. Adaptability:

[ ]  Requires a rigid routine.

[ ]  Adapts to consistent routine after orientation.

[ ]  Adapts to changes in routine with orientation.

[ ]  Adapts to change on request.

Comments:

1. Time skills:

[ ]  Unaware of time functions.

[ ]  Aware of time functions.

[ ]  Able to complete required task in allotted time.

[ ]  Needs additional time to complete required tasks.

Comments:

1. Reading skills:

[ ]  Recognizes characters (single numbers or letters) and pictures. Qualify: cursive or block, etc.

[ ]  Reads words and phrases. Qualify: cursive, block, etc.

[ ]  Reads simple sentences. Qualify: cursive, block, etc.

[ ]  Proficient reading skills.

Comments:

1. Money skills:

[ ]  Does not demonstrate money concepts.

[ ]  Conducts money exchanges, able to recognize the relative value of coins and bills.

[ ]  Recognizes the relative value of coins and bills, but does not make change.

[ ]  Conducts money exchanges and makes change.

Comments:

1. Writing skills:

[ ]  Writes characters (single numbers or letters) and pictures.

[ ]  Writes words and phrases. Qualify: cursive, block, etc.

[ ]  Writes simple sentences. Qualify: cursive, block, etc.

[ ]  Writes proficiently.

Comments:

1. Math skills:

[ ]  Does not understand number concepts (numeric relativity).

[ ]  Counts.

[ ]  Counts and adds.

[ ]  Adds and subtracts.

[ ]  Understands measurement concepts.

[ ]  Demonstrated ability to do complex math.

Comments:

1. Computer proficiency:

[ ]  Can clock in and out for work.

[ ]  Can turn computer on.

[ ]  Is able to navigate/browse the internet.

[ ]  Is able to use Microsoft Word and/or other software.

Comments:

1. Copying data:

[ ]  Does not copy numbers/letters.

[ ]  Copies numbers/letters, but needs large spaces.

[ ]  Copies numbers/letters but has difficulty with sizing and placement.

[ ]  Copies numbers/letters in appropriate spaces.

Comments:

1. Comparing data:

[ ]  Unable to demonstrate the making of comparative judgments.

[ ]  Ability to demonstrate the making of comparative judgments.

[ ]  Ability to compare data and things and make judgments requiring classification of two or more categories.

Comments:

1. Communication – speaking/gesturing/signing:

[ ]  Gestures or sounds are only understandable to persons thoroughly familiar with person.

[ ]  Information provided by simple gestures or signs is understandable to CRP & co-workers.

[ ]  Information provided by simple sign or word is understandable to CRP & co-workers.

[ ]  Can speak/sign using simple phrases.

[ ]  Demonstrates fluent communication.

Comments:

1. Providing Assistance:

[ ]  Responds to gestures and demonstration of help needed by people.

[ ]  Responds in courteous manner to verbal requests to assist.

[ ]  Initiates providing assistance to others.

Comments:

1. Worker safety: (Ability to understand and follow safety rules.)

[ ]  Unaware of safety as a component of the job and requires close supervision.

[ ]  Recognizes safety as a component of the job, intermittent supervision required.

[ ]  Recognizes safety as a component of the job and demonstrates alertness to potential hazards.

Comments:

1. Environmental considerations (Ability to tolerate the following conditions):

[ ]  Tolerance to cold.

[ ]  Tolerance to heat.

[ ]  Tolerance to humidity.

[ ]  Tolerance to scents.

[ ]  Tolerance to chemicals.

[ ]  Other.

Comments:

**Describe accommodations needed:**

**Additional comments:**

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