Reporting Month and Year:
[ ]  Partial Report [ ]  Final Report [ ]  Assessment Not Completed

Vendor Company Name: **Odyssey Services Corporation**

Vendor Representative’s Name:

VR Client Name:

VR Counselor Name:

RSA Authorization #:

***\*\*Vendor Representative shall complete all fields and write N/A if not applicable.\*\****

**Assessment Site Information**

Name of Site/Employer’s Name:
Location/Address:
Job Position Assessed:
Job Position Responsibilities:

Enter VR Client’s actual hours of attendance for the reporting month:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **Start Time** |          |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
|  |
| **Date** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| **Start Time** |       |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
|  |
| **Date** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |  |
| **Start Time** |       |       |       |       |       |       |       |       |       |  |  |
| **End Time** |       |       |       |       |       |       |       |       |       |  |  |
| **Hours** |       |       |       |       |       |       |       |       |       |  |  |

Evaluate how any of the follow affect the VR Client’s ability to attend work, complete work tasks, concentrate, operate heavy machinery, learn new tasks and/or communicate, etc.:

Prescribed Medications:
Vision (Difficulty Seeing):

Hearing (Difficulty Hearing):

Mobility (Restrictions on Mobility):

Provide information specific to the VR Client's performance in the following core areas, documenting accommodations provided, functional limitations, and recommended interventions, if any, to enable the VR Client to obtain and maintain competitive, integrated employment. If a given area is not applicable, type "N/A."

1. **Communication**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support provided:

Recommended supports, interventions or accommodations for successful employment outcome:

1. **Teamwork**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support Provided:

Recommended supports, interventions or accommodations for successful employment outcome:

1. **Critical Thinking and Problem Solving**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support Provided:

Recommended supports, interventions or accommodations for successful employment outcome:

1. **Task and Time Management**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support Provided:

Recommended supports, interventions or accommodations for successful employment outcome:

1. **Attendance**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support Provided:

Recommended supports, interventions or accommodations for successful employment outcome:

1. **Managing symptoms or effects of disability**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support Provided:

Recommended supports, interventions or accommodations for successful employment outcome:

1. **Appearance/ Hygiene**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support Provided:

Recommended supports, interventions or accommodations for successful employment outcome:

1. **Self-Management**

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations):

Accommodations/ Support Provided:

Recommended supports, interventions or accommodations for successful employment outcome:

**Results of Trial Work Experience Assessment (To Be Completed on Final Report)**

Will the VR Client benefit from additional VR Services?

 [ ]  Yes [ ]  No

 If applicable, comments:

Is the VR Client capable of participating in Competitive Employment in an integrated setting?

 [ ]  Yes [ ]  No

 If applicable, comments:

Vendor Representative Signature: Date: