



**TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL
REHABILITATION SERVICES
Work Readiness Assessment Report**

Name of Customer:

Name of VR Counselor:

CRP Name (Agency name):

Name of Person Conducting Assessment:

Job Site Location:

Date(s) of Assessment:

Job Site Contact Person and Telephone Number:

What tasks were performed at this job site?

How long did the customer work at the job site assessment?

What, if any, barriers, physical or cognitive, affected the individual's ability to perform the job tasks for the duration of the assessment?

How much job coaching will this individual need to perform these job tasks?

BEHAVIORAL OBSERVATIONS IN WORK READINESS ASSESSMENT

BEHAVIORAL AREA	RATE EACH AREA and PROVIDE COMMENTS TO SUPPORT THE RATING. Scale: 1-unacceptable; 2-fair (needs improvement); 3-average; 4-above average; 5-excellent (no improvement needed)
Attire, Grooming and Hygiene	

Staying on Task	
Following Instructions	
Working Independently / Initiative	
Cooperating with Supervisors and coworkers	
Following Safety Practices	
Work Tolerance	
Work Speed and Quality	
Attendance and Punctuality	
Response to Correction	

SUMMARY AND RECOMMENDATIONS:

Date the report content was reviewed with the customer or their representative/guardian:

CRP Signature

Date Completed