



**SITUATIONAL ASSESSMENT REPORT**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 DIVISION OF VOCATIONAL REHABILITATION  
 SFN 1525 (9-2012)

Amount Billed \_\_\_\_\_

|   |                              |                                    |          |
|---|------------------------------|------------------------------------|----------|
| VR Counselor Name   |                              | Community Rehab Provider           |          |
| Telephone Number  |                              |                                    |          |
| Client Name   | Assessment Date              | Assessment Completed By            |          |
| Did the client attend the scheduled assessment dates and times? | Yes <input type="checkbox"/> | No <input type="checkbox"/>        | Comments |
| Did you need to reschedule the assessment?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/>        | Comments |
| Assessment Site   | Job Title                    | Total Hours/Days of the Assessment |          |

| <b>Attendance/Punctuality</b>   | <b>Yes</b>               | <b>No</b>                | <b>If yes, please explain</b> |
|---|--------------------------|--------------------------|-------------------------------|
| Needed a reminder to attend the assessment  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Arrived late for the assessment   | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Was not ready to begin the assessment immediately                                 | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Did not stay for the entire assessment  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Asked to leave early  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Took excessive breaks   | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Grooming and Hygiene</b>   | <b>Yes</b>               | <b>No</b>                | <b>If yes, please explain</b> |
| Arrived with body odor  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Developed body odor during the assessment   | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Arrived with dirty skin, uncombed hair, unshaven or tenth not brushed             | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Did not use appropriate hand washing  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Dress</b>  | <b>Yes</b>               | <b>No</b>                | <b>If yes, please explain</b> |
| Wore inappropriate clothes for the assessment                                     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Wore dirty clothes to the assessment  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Wore wrinkled, torn, too small, too large, or outdated clothing to the assessment | <input type="checkbox"/> | <input type="checkbox"/> |                               |

| List Job Tasks | Completed Job Tasks |    | Stays on Task |    | Works Independently |    | Asks for Help |    | Follows Safety Procedures |    | Shows Initiative |    |
|----------------|---------------------|----|---------------|----|---------------------|----|---------------|----|---------------------------|----|------------------|----|
|                | Yes                 | No | Yes           | No | Yes                 | No | Yes           | No | Yes                       | No | Yes              | No |
|                |                     |    |               |    |                     |    |               |    |                           |    |                  |    |
|                |                     |    |               |    |                     |    |               |    |                           |    |                  |    |
|                |                     |    |               |    |                     |    |               |    |                           |    |                  |    |
|                |                     |    |               |    |                     |    |               |    |                           |    |                  |    |
|                |                     |    |               |    |                     |    |               |    |                           |    |                  |    |

Quality of work performed to include strengths and weaknesses. Please comment on the areas that had “No” responses to address any concerns or strengths as it relates to the job tasks outlined above.

| <b>Stamina and Consistency</b>                  | Yes                      | No                       | If yes, please explain |
|---|--------------------------|--------------------------|------------------------|
| Worked at a slow pace after ___ hours           | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Complains of physical demands                   | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Takes breaks during non-break time              | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Wanders away from the work area                 | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Finds excuses to interrupt work                 | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Hurries through work                            | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Takes longer on less desirable tasks            | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Starts new task before completing one           | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| <b>Work Behavior</b>                            | Yes                      | No                       | If yes, please explain |
| Inappropriate behavior                          | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Disrupts others with inappropriate joking       | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Rude to coworkers or customers                  | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Complains constantly while working              | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Being dishonest                                 | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| <b>Communication</b>                            | Yes                      | No                       | If yes, please explain |
| Inappropriate reaction to direction             | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| I can do as I please attitude                   | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Makes derogatory statements about others        | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Complains about work environment                | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Makes frequent bodily indications of discomfort | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| <b>Client Level of Social Skills</b>            | Yes                      | No                       | If yes, please explain |
| Creates negative relationships with co-workers  | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Ignores co-workers while they are talking       | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Avoids contact with opposite sex                | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Inappropriate with opposite sex                 | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| Does not establish eye contact                  | <input type="checkbox"/> | <input type="checkbox"/> |                        |

|   |                          |                          |                               |
|---|--------------------------|--------------------------|-------------------------------|
| Attempts to argue with others             | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Dominates conversations                   | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Interrupts conversations                  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Supervision</b>                        | <b>Yes</b>               | <b>No</b>                | <b>If yes, please explain</b> |
| Treats supervisor as friend               | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Does not relate well to supervisor        | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Does not work efficiently on own          | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Does not learn tasks with repetition      | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Does not recheck own work                 | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Hides mistakes from supervisor            | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Needs 1:1 supervision to correct error    | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| <b>Clients Reaction to Criticism</b>      | <b>Yes</b>               | <b>No</b>                | <b>If yes, please explain</b> |
| Speeds through job tasks                  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Interprets supervisor comment as negative | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Displays anxiety or fear                  | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Argues and complains                      | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Shows a decrease in productivity          | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| Tears and shouting                        | <input type="checkbox"/> | <input type="checkbox"/> |                               |

**Please mark the level of prompts used during the assessment and comment on the frequency of the prompts.**

|  |  |                      |
|--|--|----------------------|
| <input type="checkbox"/> Intermittent prompts/high supervision (1) | <input type="checkbox"/> Intermittent prompts/medium supervision (2) | Comments for prompts |
| <input type="checkbox"/> Infrequent prompts/low supervision (3)    | <input type="checkbox"/> No prompts (4)                              |                      |

**Please mark the level of initiative and motivation demonstrated during the assessment.**

|   |  |  |          |
|---|--|--|----------|
| <input type="checkbox"/> Avoids new tasks (1)     | <input type="checkbox"/> Waits for direction (2)             | Comments for initiative and motivation |          |
| <input type="checkbox"/> Sometimes volunteers (3) | <input type="checkbox"/> Always seeks work independently (4) |  |          |
| Did the person show interest in this position     | Yes<br><input type="checkbox"/>                              | No<br><input type="checkbox"/>         | Comments |

**Please check Yes or No and provide comments for each question.**

|  |                                 |                                |          |
|--|---------------------------------|--------------------------------|----------|
| Does the individual want to be employed or just have something to do?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Comments |
| If the individual cannot demonstrate the ability to perform certain expected tasks, can appropriate supports be put in place to make accommodations? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Comments |
| Did the person have the skill and ability to do this position?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Comments |
| Would this be an appropriate vocational goal for this person?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Comments |

**Additional Comments**