

WORK EXPERIENCE AND  
SITUATIONAL ASSESSMENT EVALUATION



Location of Assessment:

Length of Assessment:

Consumer Name:

Type of Job:

Date of this Report:

SWAP Provider:

**Part I** – Please rate the consumer’s performance of the following work behaviors using the key below. Place an “X” in the box which best rates the consumer’s ability, behavior, characteristic or activity described. Place an “X” under 6, if the section does not apply or if it was not observed.

- |                            |                |
|----------------------------|----------------|
| 1 – usually good           | 4 – fair       |
| 2 – better than acceptable | 5 – needs help |
| 3 – acceptable             | 6 – n/a        |

WORK BEHAVIORS	1	2	3	4	5	6
Speed of work						
Accuracy of work						
Gets along with supervisor						
Gets along with fellow employees						
Attitude toward criticism or suggestions						
Works without close supervision						
Personal hygiene						
Suitable clothing						
Follows demonstrative instructions						
Follows oral instructions						
Is able to retain data/instructions						
Improves with repetition						
Ability to transfer learning						
Ability to correct own errors						
Energy level						
Daily attendance						
Punctuality						
Can work near/with others						
Efficient or wise use of time and materials						
Ability to comprehend abstract ideas						
Seeks help if needed/asks questions if unclear						
Works carefully and safely						
Ability to handle money						
Willing to learn new tasks						
Willing to perform one job repeatedly						
Level of concentration						
Completes assigned tasks						
Assumes responsibility						
Displays level of maturity						
Displays use of common sense						
Eye-hand coordination						

	1- unusually good 2 – better than acceptable 3 – acceptable			4 - fair 5 – needs help 6 – na		
	1	2	3	4	5	6
Patience or self-control						
Is able to stay busy						
Follows rules and regulations of work site						

**Part II** – Taking the job requirements into consideration for this position, please identify and rate the skill by how often it is performed. Check “X” using the key below:

1 – frequently      2 – occasionally      3 – seldom

JOB TASKS (SKILLS)	1	2	3
<b>Physical skills</b>			
1. walking			
2. standing			
3. lifting			
4. carrying			
5. bending			
6. fine-motor			
7. speech			
8. other (describe)			
<b>Educational skills</b>			
1. math			
2. reading			
2. language			
<b>Vocational skills (describe)</b>			
1.			
2.			
3.			
4.			
5.			
6.			

**Part III** – Please answer the following questions. List any additional comments below:

1. Please describe any inappropriate work behaviors displayed:

2. As you observed the consumer, please describe any support needs you identified:

3. Additional comments: