



# EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: \_\_\_\_\_ TABS ID #: \_\_\_\_\_

## **4. COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENTS**

**PURPOSE:** To collect information about an individual’s practical work performance by simulating a work environment at a location in the community that exposes them to realistic expectations in career areas they may enjoy. Supporting, observing, and assessing an individual participating in work activities in the community will allow individualized and objective evaluation of their interests, skills, and abilities. This will identify an individual’s motivators, learning style, and areas of support needs. Overall work performance depends on proficiency in multiple areas including, but not limited to; physical ability/stamina, academic ability, interpersonal/social skills, communication skills, problem solving, stress management, safety skills, and response to supervision, instruction, and support. The information collected can be directly related to the support the individual will benefit from to succeed in employment.

**INSTRUCTIONS:** Directly support, observe, and assess the individual participating in work activity in the community in at least two different locations, participating in at least two different types of work activity. This work activity should coincide with the career areas the individual is interested in. **Experiences/Situational Assessments cannot take place at the same locations as Observations.** Complete a “Community-Based Experiences/Situational Assessment Worksheet” for each Situational Assessment. Additional comments may be included separately if needed. Label additional comments with specific page and question numbers.

*Additional Situational Assessment(s) may be requested by the ETP Supervisor.*

Each thorough assessment requires **12-20 Hours**; recommended total assessment time is **24-40 Hours**.



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## COMMUNITY-BASED EXPERIENCES / SITUATIONAL ASSESSMENT WORKSHEET

**Refer to Instructions. Use one Worksheet for each Assessment - 2 are required**

Name / Address of Location: \_\_\_\_\_

Type of Business: (Examples: Retail, Food Service) \_\_\_\_\_

# of Days: \_\_\_\_\_ # of Weeks: \_\_\_\_\_ # of Hours/Day: \_\_\_\_\_ Total # of Hours \_\_\_\_\_

Weekly Community-Based Experience/ Situational Assessment Schedule:

\_\_\_\_\_

TASKS ASSIGNED TO THE INDIVIDUAL / TYPE OF WORK COMPLETED	Liked or Disliked Task (L or D)	Accuracy of Completed Work (1-5) (5=most accurate)	Work Pace (1-5) (5=fastest)	Type(s) of Support (verbal, written, visual, modeling, hand over hand, other)	Level of Support (independent, occasional, intermittent, continuous)
1.					
2.					
3.					
4.					
5.					
6.					



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Select all vocational skill areas in which the individual was provided with any support:

- Hygiene / Grooming / Dress
- Productivity / Work pace
- Learning tasks
- Accuracy of completed work
- Professional interactions
- Following instructions
- Physical strength / agility / mobility
- Social interaction
- Managing stress / mental health
- Professional workplace behavior
- Following multiple steps
- Time management
- Taking initiative
- Adapting to distraction / Attention to task
- Adapting to changes in routine
- Physical / Mental stamina
- Troubleshooting problems / asking for help
- Communication (expressive / receptive)
- Responding to feedback / Accepting support
- Other: \_\_\_\_\_

List the areas where the individual needed the most support and describe the support that was provided:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Did the individual dress and groom to meet the expectations of the assessment site?

- Yes  No

If No, what were the areas for improvement?

\_\_\_\_\_

\_\_\_\_\_

Did the individual keep conversation topics appropriate for a work environment?

- Yes  No

Provide examples of the individual's conversation topics:

\_\_\_\_\_

\_\_\_\_\_



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Did the individual arrive on time and ready to work at the start of each shift?

Yes  No

If No, why?

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Did the individual respond professionally to changes in routine or assigned tasks?

Yes  No

Describe how the individual responded to changes in routine or assigned tasks:

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Did the individual understand and respond professionally to requests from the site supervisor?

Yes  No  N/A

Requests from co-workers and/or customers?

Requests from vocational support staff?

Yes  No  N/A

Yes  No  N/A

Describe how the individual responded to requests from others:

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Did the individual interact professionally with the supervisor, co-workers, customers, and staff?

Yes  No

Describe the individual's interactions with others:

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Were any accommodations used to support the individual's communication with others?

Yes  No

If Yes, describe the accommodations that were used and the support that was provided:

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Describe accommodations or support provided due to physical limitations that enabled the individual to carry out the tasks they were assigned:

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If the individual demonstrated any money, reading, writing, math, or computer skills, list and describe how they demonstrated them:

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Describe environmental factors that impacted the individual's vocational performance:

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What other skills, supports, or preparation might the individual need to be successful in the assessed career field?

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List 3 new things you learned about the individual through this assessment:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Assessor's additional comments:

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Completed by: \_\_\_\_\_ (print) Date: \_\_\_\_\_