



EMPLOYMENT TRAINING PROGRAM DISCOVERY REPORT

Name: _____ TABS ID #: _____

3. OBSERVATION OF THE INDIVIDUAL

PURPOSE: To obtain information about the individual’s interests, motivators, interpersonal/soft skills, independence, behavior, physical ability, self-care skills, safety awareness, and support needs through direct observation. Observation will reveal information about how an individual reacts to various social and physical environments. This information can be related to how they might react to similar environments and the expectations found in employment.

INSTRUCTIONS: Directly observe the individual in a setting where they can demonstrate their full range of skills and abilities on preferred activities. **Observations cannot take place at the same locations as Situational Assessments.** Complete an “Observation of the Individual Worksheet” for each Observation. Additional Observations and Worksheets may be completed if they are pertinent to the individual’s employment needs. Additional comments may be included separately if needed. Label additional comments with specific page numbers and questions.

Each thorough observation requires **2-4 Hours**; recommended total observation time is **6-8 Hours**.



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OBSERVATION OF THE INDIVIDUAL WORKSHEET

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

Location of Observation: _____

Describe the environment and circumstances of the Observation. Note such things as space, time of day, program, staffing, stimuli, etc.:

of Hours Observed: _____

Activities observed:

1. _____
2. _____
3. _____
4. _____
5. _____

How comfortable was the individual with the activities and the environment and why?

How did the individual react to the activities and environment?

Describe the individual's safety skills / environmental awareness:



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Describe the individual’s level of engagement and interest in the activities:

What motivated or demotivated the individual and why?

Describe how the individual overcame any obstacles / challenges during the Observation:

Who supported the individual with the activities?

What type(s) of support were provided? *Select all that apply*

- Verbal Prompts Written Prompts Picture / Media Prompts
- Visual Cues Modeling / Demonstration Hand-over-hand Support
- Other (specify): _____

What was the individual’s response to each type of support?

If the individual was unable to complete any of the activities, what prevented them from doing so?



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Name: _____ TABS ID #: _____

Personal hygiene:

No Concerns Needs Improvement (describe): _____

Interaction with staff:

N/A Cooperative Friendly Anxious Shy Outgoing

Interaction with peers:

N/A Cooperative Friendly Anxious Shy Outgoing

Interaction with members of the community:

N/A Cooperative Friendly Anxious Shy Outgoing

Describe the positive qualities observed that are transferrable to employment:

Describe the challenges observed that could hinder employment:

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

1. _____
2. _____
3. _____

Observer's additional comments:

Completed by: _____ (print) Date: _____