### AGENCY LETTERHEAD

***Community Based Work Experience (CBWE)***

**CLIENT NAME:** Click here to enter text.**\_\_\_\_\_\_\_ AUTHORIZATION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPORT WRITER:** Click here to enter text.**\_\_\_\_ PHONE:** Click here to enter text.

**REPORT DATE:** Click or tap to enter a date.

**ORS COUNSELOR:** Click here to enter text.

**No. of Days at Site:** Click here to enter text.

**Employer/Company:** Click here to enter text. **No. of Hours per Day:** Click here to enter text.

**Job Title:** Click here to enter text.

**Dates of Participation:** From:Click or tap to enter a date. To: Click or tap to enter a date.

**List names of on-site evaluators, if different than presenter/writer:** Click here to enter text.

**No. of Days at Site:** Click here to enter text.

**Employer/Company:** Click here to enter text. **No. of Hours per Day:** Click here to enter text.

**Job Title:** Click here to enter text.

**Dates of Participation:** From: Click or tap to enter a date. To: Click or tap to enter a date.

**List names of on-site evaluators, if different than presenter/writer:** Click here to enter text.

1. **Job Duties** – (***include as much detail as possible****)*
* List tasks individual is expected to complete: Click here to enter text.
* How many people work in proximity to individual? Click here to enter text.
* Does individual have contact with the public? Click here to enter text.
* Is area noisy? Click here to enter text. . Describe: Click here to enter text.
* Is work area indoors? Outdoors? Combined? Click here to enter text.
* Is lifting involved If so, how many pounds? Click here to enter text.
* Is speed of performance an expectation? Click here to enter text.
* Describe expected rate of production. Click here to enter text.
* What equipment is required? (ex. stapler, copy machine, box cutter, tools, power equipment, stove, knives ...): Click here to enter text.
* Is special clothing required? (ex. hairnet, steel-toed boots, business attire, surgical mask, etc.) Click here to enter text.
* Does job require single step actions or multitask completion? Click here to enter text.
* Is problem solving needed? Describe: Click here to enter text.
* Will individual be expected to move from one task to another? From one station to another, etc.? Click here to enter text.
1. **Job Performance Results** – (***include as much detail as possible****)*
* Is individual doing the same job as others, or has the job been customized? If customized, describe accommodations: Click here to enter text.
* How does the employer measure productivity/what are industry standards for entry level employees doing this job and for experienced employees? Click here to enter text.
* What percentage of standard did the individual meet? Click here to enter text.
* What tasks did they do well? Describe: Click here to enter text.
* What tasks did they have difficulty with? Describe: Click here to enter text.
* What accommodations were put in place (e.g. hand over hand, picture lists, written lists, verbal prompts, other cues, etc.)? Click here to enter text.
* Were incentives used? Click here to enter text. Please describe in detail: Click here to enter text.

1. **Job Behavior Results** – (***include as much detail as possible****)*
* Was client on time every day? Click here to enter text.
* Did they arrive independently or require supports? Click here to enter text. Explain: Click here to enter text.
* Did they return from breaks on time? Click here to enter text. Did they need prompts? Click here to enter text. If so, describe (e.g. phone alarm, verbal reminders) Click here to enter text.
* When they finished a task, were they able to show initiative and move from one task to another? Click here to enter text. Explain: Click here to enter text.
* Were they able to appropriately request help? Click here to enter text.
* Were they dressed appropriately? Click here to enter text.
* Did they exhibit proper hygiene? Click here to enter text.
* Did they keep appropriate boundaries with coworkers? Describe any situations where they did not. Click here to enter text.
* Did they take direction and redirection well? Click here to enter text. Describe their behavior with supervision. Click here to enter text.
* Were they able to handle disruptions in routine? Click here to enter text.
* Did they react appropriately to problems and corrections? Describe Click here to enter text.
1. **Employer Feedback –** (***include as much detail as possible****)*
* Is this person ready for competitive, integrated employment? Click here to enter text.
* If not, what further information/steps are needed? Click here to enter text.
* What additional training would be needed? Click here to enter text.
* Additional comments: Click here to enter text.
1. **Needed Supports –** (***include as much detail as possible****)*
* Does individual need support with transportation? Click here to enter text. Describe. Click here to enter text.
* Does individual need support with personal hygiene? Click here to enter text.. Describe. Click here to enter text. Is long-term job coaching needed? Click here to enter text.. Why? Click here to enter text.
* How will coaching fade? Click here to enter text.
* Does job need to be customized? Click here to enter text.. How and why? Click here to enter text.
* Is this an appropriate job goal? Click here to enter text. What supports would be needed for individual to be successful? Click here to enter text.

### Summary of CBWE and Specific Recommendations

***(answer referral questions)***

* + Answers to Referral questions(If not previously answered in report): Click here to enter text.
	+ Additional comments: Click here to enter text.
* Recommendations (Does individual need travel training? Vocational exploration? Skill development? Work readiness/job prep? Social skill development? Job training? Assisted technology? Other?): Click here to enter text.

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Job Developer Signature: