



State of Utah  
Department of Workforce Services  
**WORK STRATEGY ASSESSMENT**

This form is to be completed by the VR Counselor, Community Rehabilitation Program (CRP) Provider, and the client. The assessment is due when the team meets to review the results, agree to goals, and sign the assessment.

**Counselor Referral Page**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

CRP Referring to: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Client Cell: \_\_\_\_\_

Guardianship:  Yes  No If yes, Parent/Guardian name and phone: \_\_\_\_\_

**Referral question:**

**Resources available to Client** (check all that apply)

**Extended Services Provider** (Supported Employment)

- Division of Services for People with Disabilities (DSPD)
- Mental Health Provider: \_\_\_\_\_
- Partnership Plus (TTW)
- Other: \_\_\_\_\_

**Health Insurance** (check all that apply)

- Medicaid  Medicare  Parent's Insurance  Spouse's Insurance
- Other: \_\_\_\_\_

**Social Security Benefits**

- Supplemental Security Income (SSI)  Social Security Disability Insurance (SSDI)

**Benefits Planning**

- Completed  Pending, Date Scheduled: \_\_\_\_\_  Not Applicable

**Benefits Summary Info:**

**Other Services/Benefits:**

**Describe the following as it applies to client:**

**Current Work Skills** (knowledge, skills, and abilities):

**Work Skill Development Needs:**

**Jobs of Interest:**

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**Interpersonal/Social Skills:** (explain issues regarding personal space, ability to communicate, informal/formal speech):

**Identified Assistive Technology Needs** (glasses, UCAT device, etc):

**Communication Needs** (interpreter, etc):

**Behavioral/Self-regulation:**

**Activities of Daily Living** (hygiene, meal prep, etc.):

**Additional Information:**

Family Issues/Supports:

**Criminal Background** (expungement, etc.):

**School/Academic** (can include behavioral information):

## COMMUNITY REHABILITATION PROGRAM

### Observation and Report

#### Work Assessment

Should include a worksite assessment with observations and assessment of simulated or true work activities. Work activities must simulate those found in a CIE work industry of interest as indicated above. (4 hours)

#### Areas to Assess and Report

- Soft skills
- Job experiences (work sample)
- Transferable skills
- Interpersonal skills
- Client interest (job goal)
- Self-direction
- Physical abilities
- How the client reacts to criticism

Worksite Simulation Location: \_\_\_\_\_

Observations:

#### Natural Support Assessment (1 hour)

#### Areas to Monitor and Report

- Family support
- Other natural supports
- Parent/Guardian expectations
- How the client reacts to working with others
- Safety concerns
- Professional boundaries

Observations:

#### Life Skills (1 hour)

#### Areas to Address and Report

- Presentation: Personal appearance and hygiene
- Self-care including meal prep/grocery shopping
- Financial literacy

Observations:

**Transportation Assessment (30 min)**

**Areas to Assess and Report**

- Business or industries available close to the client
- Proximity of employment opportunities to home
- Transportation options available:

Public: \_\_\_\_\_

Private transportation: \_\_\_\_\_

**Observations:**

**Computer Skill Assessment (30 min)**

**Areas to Assess and Report**

- Ability to complete online application
- Social Media (social skills and protocol)
- Other skills (typing test, 10 key, etc.):

\_\_\_\_\_

**Observations:**

**Interview Skill Assessment (1 hour)**

**Areas to Monitor and Report**

- |                         |  |
|-------------------------|--|
| • Mock Interview        | • Interview-appropriate dress          |
| • Communication skills  | • Listening skills                     |
| • Body language/posture | • Ability to answer directed questions |

**Observations:**

**Other Observations:**

**Recommendations**  
**CRP Recommended strategy for achieving Competitive Integrated Employment**

Planned Job Search hours/week: \_\_\_\_\_

Life Skills needed:

Life Skills hours requested: \_\_\_\_\_

Recommended target occupations:

Recommended supports on the job:

**TEAM SECTION**  
**CRP, VR Counselor, DSPD, and Client**

Community Rehabilitation Program Name: \_\_\_\_\_

Assigned Employment Specialist/Job Coach: \_\_\_\_\_

ACRE Certified?    Yes    No

Joint VR/CRP Recommendations for Job Development Supports:

Joint VR/CRP Recommendations for Ongoing Supports:

Job Goal (must align with IPE goal): \_\_\_\_\_

Industry Targeted Pay Range: \_\_\_\_\_

Benefits/Other: \_\_\_\_\_

Hours available to work (check all that apply):

Full Time     Part Time     < 10 hours/wk     Other: \_\_\_\_\_

Days     Graveyard     Swing shift     Weekends     Other: \_\_\_\_\_

By signing this form the team acknowledges that the job goal and parameters outlined above will be the focus of their services for this client and that any desired change to job goal, or placement requires documented agreement by team prior to implementation.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CRP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VR Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Equal Opportunity Employer/Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.