**Participant:       Date:**

**Counselor:**

**CRP:**

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| Physical Demands: Do barriers exist?  Choose an item.  Please specify physical barriers:    Interventions: | **Please consider all of the following physical demands**: Standing, Walking, Sitting, Driving, Lifting, Carrying, Pushing, Pulling, Climbing, Balancing, Twisting, Bending, Stooping, Kneeling, Crouching, Hand control, Foot control, Reaching/Handling, Fingering/Feeling |
| Environmental Demands: Do barriers exist?  Choose an item.  Please specify environmental barriers:    Interventions: | **Please consider all of the following environmental demands:**  Inside/outside, Temperature, Wet/Humid, Noise/Vibration, Hazards (tools, machines, toxic materials), Air quality |
| Functional Skills: Do barriers exist?  Choose an item.  Please specify functional skills barriers:    Interventions: | **Please consider all of the following functional skills:**  Reading, Math, Money skills, Writing, Time Telling, Transportation |
| Soft Skills: Do barriers exist?  Choose an item.  Please specify soft skills barriers:    Interventions: | **Please consider all of the following soft skills:**  Knowledge of the job, Quality of work, Quantity of work, Initiative, Supervision, Interest in job, Judgment, Appearance/hygiene, Co-worker relations, Acceptance of constructive criticism, Responds positively in action to suggestion/criticism, Social Interaction, Ability to deal with typical job stressors |
| Productivity: Do barriers exist?  Choose an item.  Please specify productivity barriers:    Interventions: | **Please consider all of the following productivity demands:**  Quality, Speed, Precision/Detail, Sustained Concentration, Multi-step tasks, Tolerance for repetition, Judgment (independent decisions based on established criteria), Independence |
| Communication/Sensory: Do barriers exist?  Choose an item.  Please specify communication and or sensory barriers.    Interventions: | **Please consider all of the following communication/sensory demands:**  Vision – near acuity, far acuity, depth perception, color vision, focal length change  Field of vision – lighting levels (dim or bright)  Hearing  Speaking |

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| Computer Skills: Are computer skills needed for this job?  Choose an item.  If yes please list barriers with computer skills.    Interventions: | **Please consider all of the following computer skills:**  Turn on/off, create files and folders, use keyboard to type, use a mouse or pointing device, use logons & passwords, cut & paste files, use save and backup functions, use email, printing documents, use search engines, switch between several windows, use of Microsoft word, enter information using spreadsheet or database, using Excel or PowerPoint |

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| Please explain the orientation and training included with the job: |
| Please list resources for support on and off the job (include natural supports): |
| Accommodations Requested? |
| Additional Comments: |

**This report was conducted:**

Choose an item.

**If this report generated off-site please indicate how this information was gathered?**

**Based on this report, are you requesting additional hours of Barrier Intervention?**

Choose an item.

**Hours requested:**