**TRIAL WORK EVALUATION REPORT (TWER)**

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| **General Instructions** |
| The expectation of the TWE is to use the information provided by the assessment to help determine eligibility for VR services and plan for future service.* Type or handwrite responses using blue or black ink.
* Answer all questions. If a question or section does not apply, enter “Not Applicable” and explain why.
* Answers to questions should be written in a narrative format in clear, positive, descriptive English with minimal bullet points.
* The narrative summaries must indicate how and when the information was collected. For example, by discussion with the consumer’s supervisor, or by direct observation of the consumer performing a skill.
* Before submitting for payment, review the document to ensure all questions have been answered.
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| **Person Identification Information** |
| Last name:      | First name:      | Middle name:      |
| Street address: (include apartment and room number, if any)      |
| City:      | State:      | ZIP Code:      |
| Primary contact number(     )       | Secondary contact number:(     )       | Email address:      |
| Does the consumer have a legal representative? [ ] YES [ ] NO |
| If yes, enter the name of the person:       |
| **Alternate Contact Person’s Information** |
| Alternate contact person’s name:      | Alternate contact person’s email address:      |
| Alternate’s primary contact phone number:(     )       | Alternate’s secondary phone number:(     )       |
| **Trial Work Information** |
| Trial Work Assessment Site:       |
| **Note: All placements must be in a competitive integrated work setting.** |
| Address:       |
| Assessment Date(s):       |
| Assessment Schedule:       |
| Person Job Position(Title):       |
| Total Number of hours person worked during this assessment: |
| Daily:       | Weekly:       | Hourly Rate: $      (Wage) |
| Average Number of on-site job coaching hours required by the person:        hrs/ daily       hrs/ weekly |
| Responsibilities of job position:      |
| Expectations of Employer:      |
| **General Considerations** |
| ***Do the following factors interfere with the person’s:*** | ***Medication*** | ***Vision*** | ***Hearing*** | ***Mobility*** |
| Y | N | N/A | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| Ability to attend work? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Complete work tasks? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Concentrate? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Operate heavy machinery? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Communicate? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Safely move through the work environment as needed? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ***Medication management (if relevant)***If this person takes medication, describe the extent to which this person is able to self-manage taking medication or the supports in place to help this person take medication. To what extent does this person perceive the value of taking medication? Does the medication affect this person more at certain times than others? What implications does this information have for potential job matches and/or potential job supports?      |
| ***Behavior challenges (if applicable)***Describe in detail any behaviors that have been labeled as challenging. What specifically occurs when this person engages in the behavior? What typically happens before the behavior occurs? What happens after the behavior occurs? Are there specific, proven support strategies that have been effective in helping the consumer reduce or avoid the behavior? What strategies should be avoided? Should certain environments be avoided? What implications do this information have for potential job matches or potential job supports for this person or the employer?      |
| **Work and Life Experiences (Baseline/ First Report Only)** |
| ***Life experiences:***Describe briefly this person’s chronological life experiences (for example school, marriage, moving) and how these may impact occupational choices, work interest and support needs.      |
| ***Work history:***Other than educational experiences, describe this person’s work history in detail. Describe the job duties, hours, and circumstances for this person’s leaving the job. Based on what is known about this person, did the jobs appear to be a good match for this person, and why or why not? Based on these work experiences, what has been learned about this person’s skills, interests, and potential support needs for new employment?      |
| **Learning and Performance Characteristics** |
| ***Physical environment***Describe the types of physical environments (indoors or outdoors) in which this person is most comfortable and functions the best, and the relevance of this information to potential job matches or support strategies for this person or the employer. Are there specific concerns about any potential physical environment? Are there specific physical environments that should be avoided because of potential health or behavioral problems?       |
| ***Cultural environment:*** Describe the types of cultural environments in which this person is most comfortable and functions the best and the relevance of this information to potential job matches or support strategies for this person or the employer. Describe any person preferences for the density of co-workers (crowded, sparse). Describe the overall pace of the environment in which the consumer is most likely to be comfortable or function best. Are there any specific cultural environments that should be avoided?       |
| ***Pace of work:*** Describe the pace and consistency of work that would best suit this person. Would he or she benefit from a fast-paced job? Slow? Would he or she perform better with consistent predictable activities, varied duties, or a combination of both? Describe what information you obtained to reach this conclusion.       |
| ***How the person learns new tasks:*** Describe the most effective way to teach this person a new task. Describe the sequence of steps or strategies that works best (for example, demonstrate first, have this person try). What type of task monitoring or supervision seems to fit this person’s preferences, tolerances, and ability to respond? Describe what information you obtained to reach this conclusion.        |
| **Person’s Preferences** |
| ***Hobbies and leisure:*** Describe the types of leisure activities this person prefers, keeping in mind the potential for discovering potential job matches and identifying passions and interests as part of this person’s assets and contributions. What interests this person? What does he/she choose to do or do well? How does this person spend his/her time? What do other people say he/she enjoys doing? Be sure to include how you (ES) learned about these interests. Discuss your involvement in the community with this person and any creative strategies used to gain this information. You need to offer enough information to back up that this truly is a real interest of the job seeker.      |
| ***Vocational Skills***Based on the interests listed above, What is this person good at? What skills does he/she possess? What kind of things does he/she do regularly?      |
| ***Work preferences:*** Describe the types of work in which this person would like to engage. Explain steps taken to help this person make an informed decision about work. Does this person understand the tasks that may have to be performed for the type of job interest he or she expresses? Does this person’s family have a strong interest in his or her working in a particular job? What transferable job skills or tasks can this person demonstrate? If this person is interested in a job for which he or she may not be qualified, what tasks within that job or related tasks can the consumer perform?      |
| ***Ideal number of hours per work week and how this was determined***State your opinion on an appropriate number of work hours and how this decision was made. You need to present a clear idea of how many hours per week this person wants to work prior to going out to looking for a job.      |
| **Trial Work Assessment**  |
| General Directions: Mark all applicable responses for each of the following and include comments regarding the person’s performance and any accommodations which were provided. If not applicable, please type N/A in the comments section |
| ***Domain/ Area*** | ***Indicator*** | ***Comments*** |
| 1. Transportation Availability
 | [ ]  Transportation from outsider |       |
| [ ]  Available from others within limits. (Please specify limits in comments) |
| [ ]  Provides own transportation |
| [ ]  Transportation unavailable |
| 1. Independence Regarding arranging Transportation
 | [ ]  Requires assistance |       |
| [ ]  Must be picked up and left off |
| [ ]  Independent with reminders |
| [ ]  Independent |
| 1. Flexibility in working hours
 | [ ]  No flexibility |       |
| [ ]  Some, but requires approval from other (i.e. guardian, residential staff, adherence to court order) |
| [ ]  Health related considerations |
| [ ]  Adaptable to most hours |
| 1. Health maintenance (eating, sleeping, hygiene etc.)
 | [ ]  Habits likely to negatively impact other workers |       |
| [ ]  Habits likely to interfere with attendance |
| [ ]  Health maintenance not likely to interfere with job. |
| 1. Family/ significant other’s support for work and rehabilitation
 | [ ]  Actively antagonistic to person’s efforts to work |       |
| [ ]  Indifferent to person’s efforts to work |
| [ ]  Inconsistent |
| [ ]  Supportive of this person’s efforts to work |
| [ ]  Case manager involvement |
| **WORK PERFORMANCE** |
| 1. Work orientation
 | [ ]  States or demonstrates desire not to work |       |
| [ ]  Demonstrates ambivalence about work |
| [ ]  Desire to work at some point in the future is indicated |
| [ ]  Demonstrates desire to work now |
| 1. Work initiative
 | [ ]  Avoids work even after assigned |       |
| [ ]  Accepts work when assigned |
| [ ]  Initiates preferred work |
| [ ]  Seeks meaningful work activity when assigned tasks are completed/ |
| 1. Orientation to work site
 | [ ]  Needs assistance after orientation training |       |
| [ ]  Orients well to room/ work area |
| [ ]  Orients to building and grounds |
| 1. Attendance (Based on a 20 hour assessment)
 | [ ]  Absent 2+ days from TWE for reason not acceptable to the employer |       |
| [ ]  Absent 2+ days from TWE for acceptable reasons |
| [ ]  Required support and encouragement to achieve 18-20 hours of TWE |
| [ ]  Attended all scheduled hours of TWE |
| 1. Promptness
 | [ ]  Is late for reasons unacceptable to the employer |       |
| [ ]  Is late for an acceptable reason |
| [ ]  Requires support and encouragement to be prompt |
| [ ]  Self-monitors promptness |
| 1. Appearance
 | [ ]  Unkempt: poor hygiene |       |
| [ ]  Unkempt: clean |
| [ ]  Neat and clean. Clothing unmatched or inappropriate clothing. |
| [ ]  Neat and clean. Clothing matched or appropriate to the environment. |
| 1. Interaction with co-workers, employer and public
 | [ ]  Does not respond appropriately to working with or in proximity to other people |       |
| [ ]  Adapts to working with one other person |
| [ ]  Adapts to working with several other people |
| [ ]  Works effectively in groups |
| [ ]  Works better alone |       |
|  | [ ]  Works well with public |       |
| 1. Interaction with supervisor/s
 | [ ]  Does not appear to understand supervisory role |       |
| [ ]  Resistance to supervisory requests |
| [ ]  Seeks to please but demands excessive time |
| [ ]  Demonstrates respect of supervisory role |
| 1. Reinforcement needs
 | [ ]  Requires continued reinforcement |       |
| [ ]  Requires intermittent reinforcement |
| [ ]  Responds to natural reinforcement |
| 1. Work productivity
 | [ ]  Unaware of speed as a component of job expectation |       |
| [ ]  Recognizes speed as a component of job expectation, but does not demonstrate effort and/ or ability to improve |
| [ ]  Recognizes speed as a component of job expectation and demonstrates efforts to meet and maintain expectations. |
| 1. Work quality
 | [ ]  Unaware of quality as a component of job expectation |       |
| [ ]  Recognizes quality as a component of job expectation, but does not demonstrate effort and/or ability to improve |
| [ ]  Recognizes quality as a component of job expectation |
| 1. Independence regarding work performance
 | [ ]  Requires supervision at all times |       |
| [ ]  Requires frequent supervision |
| [ ]  Independent with reminders to stay on task |
| Independent |
| 1. Handling of constructive criticism
 | [ ]  Demonstrates resistance. Becomes argumentative |       |
| [ ]  Neither responds nor changes behavior |
| [ ]  Acknowledges criticism, responds by withdrawal from tasks |
| [ ]  Makes requested changes in behavior |
| 1. Aggressive actions of speech
 | [ ]  Hourly |       |  |
| [ ]  Daily |       |
| 1. Ability to follow directions
 | [ ]  Carries out one step with cues |       |
| [ ]  Carries out one step without cues |
| [ ]  Carries out multiple steps with cues |
| [ ]  Carries out multiple steps without cues |
| 1. Adaptability
 | [ ]  Requires a rigid routine. |       |
| [ ]  Adapts to consistent routine after orientation. |
| [ ]  Adapts to changes in routine with orientation |
| [ ]  Adapts to change on request. |
| 1. Time skills
 | [ ]  Unaware of time functions |       |
| [ ]  Aware of time functions |
| [ ]  Able to complete required skills in allotted time |
| [ ]  Needs additional time to complete required tasks |
| 1. Reading skills
 | [ ]  Recognizes characters (single numbers or letters) and pictures. Qualify: cursive or block, etc. |       |
| [ ]  Reads words and phrases. Qualify: cursive/ block etc. |
| [ ]  Reads simple sentences. Qualify: cursive/ block etc. |
| [ ]  Proficient reading skills |
| 1. Money skills
 | [ ]  Does not demonstrate money concepts |       |
| [ ]  Conducts money exchanges, able to recognize the relative value of coins and bills  |
| [ ]  Recognizes the relative value of coins and bills, but does not make change. |
| [ ]  Conducts money exchanges and makes change |
| 1. Writing skills
 | [ ]  Writes characters (single numbers or letters) and pictures |       |
| [ ]  Write words and phrases. Qualify: cursive/ block, etc. |
| [ ]  Writes simple sentences. Qualify: cursive/ block, etc. |
| [ ]  Writes proficiently |
| 1. Math skills
 | [ ]  Does not understand number concepts (numeric relativity) |       |
| [ ]  Counts. |
| [ ]  Counts and adds. |
| [ ]  Adds and subtracts. |
| [ ]  Understands measurement concepts. |
| [ ]  Demonstrated ability to do complex math |
| 1. Computer proficiency
 | [ ]  Can clock in and out for work |       |
| [ ]  Can turn computer on |
| [ ]  Is able to navigate/ browse the internet |
| [ ]  Is able to use Microsoft Word and/or other software |
| 1. Copying data
 | [ ]  Does not copy numbers/ letters |       |
| [ ]  Copies numbers/ letters, but needs large spaces |
| [ ]  Copies numbers/ letters, but has difficulty with sizing and placement |
| [ ]  Copies numbers/ letters in appropriate spaces |
| 1. Comparing data
 | [ ]  Unable to demonstrate the making of comparative judgments |       |
| [ ]  Ability to demonstrate the making of comparative judgments |
| [ ]  Ability to compare data and things and make judgments requiring classification of two or more categories  |
| 1. Communication – speaking/ gesturing/ signing
 | [ ]  Gestures or sounds are only understandable to persons thoroughly familiar with person |       |
| [ ]  Information provided by simple ***gestures or signs*** is understandable to CRP and co-workers |
| [ ]  Information provided by ***simple sign or word*** is understandable to CRP and co-workers |
| [ ]  Can speak/ sign using simple phrases |
| [ ]  Demonstrates fluent communication |
| 1. Providing Assistance
 | [ ]  Responds to gestures and demonstration of help needed by people |       |
| [ ]  Responds in courteous manner to verbal requests to assist |
| [ ]  Initiates providing assistance to others |
| 1. Worker safety (ability to understand and follow safety rules)
 | [ ]  Unaware of safety as a component of the job and requires close supervision |       |
| [ ]  Recognizes safety as a component of the job, intermittent supervision required |
| [ ]  Recognizes safety as a component of the job and demonstrates alertness to potential hazards. |
| 1. Environmental considerations (ability to tolerate the following conditions)
 | [ ]  Tolerance to cold |  |  |
| [ ]  Tolerance to heat | [ ]  Tolerance to chemicals |
| [ ]  Tolerance to humidity | [ ]  Other:       |
| **Conclusions** |
| Describe accommodations needed.      |
| Record a brief summary of the consumer’s employability and support needs related to gaining and maintaining long-term, competitive, integrated employment within the community.       |
| **Signature** |
| I, the Employment Specialist or      \_ (describe position), certify that:* I personally completed the Trial Work Assessment Report (TWER); and
* I documented the services and information described above in the Trial Work Assessment Report (TWER)
 |
| First and Last name of the Employment Specialist:      | Signature of the Employment Specialist:      | Date Report Submitted:      |

Encl. Trial Work Service Log

**TRIAL WORK SERVICE LOG**

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| **Identifying Information** |
| Person’s Name:      | VR Specialist:      |
| Provide a summary of each contact, including a description of the trial work activities performed, level of the person’s participation and any necessary follow-up required/ performed, etc. The Trial Work Service Log must be signed by the trial work evaluator and the Provider Administrator/ Program Coordinator. Attach additional sheets as necessary. |
| **Date** | **Service Hours** | **Summary of Contact** |
|       |       |       |
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| **CERTIFICATION** |
| I, the Trial Work Evaluator, certify that:* The above dates, times, and services are accurate;
* I personally provided all services or supervised the Job Skills Trainer who provided the services;
* I documented the services and information described above in the report.
 |
| Work Evaluator Signature:      | Date:      |
| Provider Administrator/ Designee’s Signature:      | Date:      |