



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Job Sampling Assessment Report

Name of Customer:

Name of VR Counselor:

CRP Name (Agency name):

Name of Person Conducting Assessment:

Job Site Location:

Date(s) of Assessment:

Job Site Contact Person, Job Title, and Telephone Number:

What tasks were performed at this job site?

How long did the customer participate in the job sampling experience?

Describe the customer's attendance (tardiness, absenteeism) during the job sampling experience?

What specific skills associated with this type work did the customer demonstrate/experience?

Describe other relevant observations such as customer's ability to follow instructions, interaction with coworkers and supervisors, etc.

What accommodations would the customer need to perform this task on an ongoing basis?

What education/training would the customer need to qualify for this type of work?

How much job coaching will this individual need to perform these job tasks?

Is the customer still interested in this type of work after the job sampling experience?

Did the job sampling experience reveal interests in any other areas of employment?

RECOMMENDATIONS FOR COMPETITIVE INTEGRATED EMPLOYMENT:

Date the report content was reviewed with the customer or their representative/guardian:

CRP Signature

Date Completed