

EMPLOYABILITY ASSESSMENT

NAME: _____ DATE: _____

EVALUATOR: _____ NUMBER OF HOURS WORKED PER WEEK: _____

SCALE 3 = USUALLY 2 = SOMETIMES 1 = SELDOM 0 = NEVER

SCORE	SELF-HELP SKILLS					WORK HABITS				WORK QUANTITY/QUALITY				RELATIONS: SUPERVISOR		RELATIONS: PEERS		WORK ATTITUDES			SCORE				
	HYGIENE GROOMING	DRESSES APPROPRIATELY	GETS AROUND WORK SITE	COMMUNICATES NEEDS	COMMUNICATES EFFECTIVELY	AWARENESS OF SAFETY	ATTENDS ON TIME	STAYS ON TASK	CARES FOR WORK AREA, ETC.	TIME MANAGEMENT	COMPLETES WORK	EXHIBITS STAMINA	ADAPTS TO DEMANDS	CORRECTS MISTAKES	ACCEPTS CRITICISM	FOLLOWS DIRECTIONS	SEEKS HELP	WORKS COOPERATIVELY	SHOWS RESPECT	LANGUAGE & MANNERS		INCENTIVE/MOTIVATION	VALUES REWARDS	PRIDE IN WORK	
9																								9	
8																									8
7																									7
6																									6
5																									5
4																									4
3																									3
2																									2
1																									1
0																									0

I. SELF HELP SKILLS

1. DEMONSTRATES PERSONAL HYGIENE AND GROOMING:

IS FREE OF BODY ODOR OR HALITOSIS

LOOKS NEAT (HAIR COMBED; TEETH BRUSHED, SHIRT TUCKED IN ETC.)

WASHES HANDS AFTER BATHROOM USE, BEFORE LUNCH AND AT END OF DAY

TOTAL _____

Comment: _____

2. DRESSES APPROPRIATELY:

KNOWS HOW TO PUT COAT/JACKET ON OR OFF INDEPENDENTLY

IDENTIFYING WHEN OR IF A COAT/JACKET IS NEEDED FOR THE WEATHER/ACTIVITY/JOB

CHANGES CLOTHES DAILY AND CLOTHES ARE IN GOOD CONDITION

TOTAL _____

Comment: _____

3. GETS AROUND WORK SITE:

GETS TO AND FROM BUS, WORK AREA, RESTROOM, AND LUNCH ROOM ETC.

FINDS AND USES HIS/HER LOCKER

NOTIFIES SUPERVISOR WHEN HE/SHE LEAVES THE AREA

TOTAL _____

Comment: _____

4. COMMUNICATES ASSISTANCE NEEDS
COMMUNICATES NEED FOR ASSISTANCE IN THE RESTROOM
COMMUNICATES NEED FOR ASSISTANCE IN LUNCHROOM
ASKS FOR MORE WORK/SUPPLIES OR GETS HIS/HER OWN SUPPLIES WITHOUT SUPERVISOR PROMPTS

TOTAL

Comment: _____

5. COMMUNICATES EFFECTIVELY:
DEMONSTRATES EFFECTIVE LISTENING SKILLS, INCLUDING EYE CONTACT
EXPRESSES SELF, ANSWERS AND ASKS APPROPRIATE QUESTIONS
DEMONSTRATES EXPECTED CONVERSATIONAL SKILLS (ADEQUATE VOLUME OF SPEECH, TURN TAKING, NOT INTERRUPTING CHOICE OF APPROPRIATE TOPIC,)

TOTAL

Comment: _____

6. AWARENESS OF SAFETY RULES:
FOLLOWS RIVERVIEW'S WORK RULES
KNOWS WHERE TO GO FOR TORNADO DRILLS (WHICH ROOM TO GO TO), AND FOR FIRE DRILLS (WHICH DOOR TO GO OUT) ETC.
COOPERATES AND GOES TO DESIGNATED AREA DURING SIMULATED EMERGENCY SITUATIONS (FIRE & TORNADO DRILLS ETC)

TOTAL

Comment: _____

II. GENERAL WORK HABITS

7. ATTENDS REGULARLY/ARRIVES ON TIME:
~~HAS NO UNEXCUSED ABSENCES~~
ARRIVES AT WORK AREA ON TIME
PROMPTLY INFORMS SUPERVISOR THAT HE/SHE HAS ARRIVED AT WORK

TOTAL

Comment: _____

8. STAYS ON TASK:
REMAINS ON TASK - FOR HOW LONG? _____
REMAINS IN HIS/HER AREA - FOR HOW LONG? _____
RETURNS TO WORK IF DISTRACTED

TOTAL

Comment: _____

9. USES TOOLS, MATERIALS AND CARES FOR WORK AREA:
USES TOOLS AND MATERIALS APPROPRIATELY (PLIERS, SCREWDRIVER, WORK PARTS ETC.) AND ONLY FOR THE SPECIFIED PURPOSE
KEEPS WORK TABLE RELATIVELY NEAT & ORGANIZED AND CLEANS UP HIS/HER OWN MESS
KEEPS SURROUNDING AISLE WAY FREE OF CLUTTER

TOTAL

Comment: _____

10. TIME MANAGEMENT:
____ USES BATHROOM, AND RETURNS TO WORK PROMPTLY
____ RETURNS PROMPTLY TO WORK AREA AFTER LUNCH & BREAKS
____ BEGINS WORK PROMPTLY UPON ARRIVAL AND AFTER BREAKS

____ TOTAL

Comment: _____

III. WORK QUANTITY & QUALITY

11. COMPLETES WORK ON TIME:
____ COMPLETES WORK AT HIS/HER POTENTIAL WITH SUPERVISOR PROMPTS
____ COMPLETES WORK AT A HIS/HER POTENTIAL WITHOUT SUPERVISOR PROMPTS
____ WORKS AT HIS/HER POTENTIAL AND ABILITY FOR A GIVEN TASK

____ TOTAL

Comment: _____

12. EXHIBITS STAMINA:
____ FINISHES ASSIGNED TASKS WITHOUT AN UNSCHEDULED BREAK
____ MAINTAINS AN ACCEPTABLE WORK PACE THROUGHOUT THE DAY (DOES NOT REDUCE
____ HIS/HER WORK PACE AT CERTAIN TIMES OF THE DAY)
____ STAYS AWAKE ALL DAY (NO SLEEPING OR CAT NAPS)

____ TOTAL

Comment: _____

13. ADAPTS TO INCREASED DEMANDS IN WORKLOAD:
____ COMPLETES MORE WORK WITH SUPERVISOR PROMPTS
____ COMPLETES MORE WORK WITHOUT SUPERVISOR PROMPTS
____ ATTEMPTS NEW TASKS WITHOUT DEMONSTRATING FRUSTRATION ...

____ TOTAL

Comment: _____

14. RECOGNIZES AND CORRECTS MISTAKES:
____ KNOWS WHAT A CORRECT PART SHOULD LOOK LIKE
____ INDEPENDENTLY EXAMINES WORK FOR ERRORS BEFORE SUBMITTING IT
____ MAKES CORRECTIONS AFTER SUPERVISOR IDENTIFIES AN ERROR

____ TOTAL

Comment: _____

VI. RELATIONSHIP TO SUPERVISOR

15. ACCEPTS CONSTRUCTIVE CRITICISM FROM SUPERVISORS:
____ LISTENS TO CONSTRUCTIVE CRITICISM WITHOUT MAKING INAPPROPRIATE GESTURES OR
____ COMMENTS
____ MAKES SPECIFIED CHANGES BASED ON CONSTRUCTIVE CRITICISM
____ CONTINUES TO IMPLEMENT SPECIFIED CHANGES BASED ON CONSTRUCTIVE CRITICISM (NOT
____ FALLING BACK INTO BAD WORK HABITS)

____ TOTAL

Comment: _____

16. FOLLOWS DIRECTION FROM SUPERVISOR:
 _____ CORRECTLY COMPLETES WORK FOLLOWING MORE THAN 1 VERBAL DIRECTION
 _____ CORRECTLY COMPLETES WORK FOLLOWING 1 VERBAL DIRECTION
 _____ FOLLOWS COMPLETE DIRECTIONS RELIABLY & CONSISTENTLY

_____ TOTAL

Comment: _____

17. SEEKS HELP WHEN NEEDED:
 _____ IDENTIFIES WHEN HELP IS NEEDED
 _____ ASKS SUPERVISOR FOR ASSISTANCE WHEN HELP IS NEEDED
 _____ USINES REQUESTED INFORMATION TO REMEDY THE PROBLEM

_____ TOTAL

Comment: _____

VII RELATIONSHIP TO PEERS

18. WORKS COOPERATIVELY WITH PEERS:
 _____ WORKS WELL WITH OTHERS (COOPERATIVELY TO GET THE JOB DONE)
 _____ REFRAINS FROM BOSSING OTHERS
 _____ IS SOCIALLY APPROPRIATE (HANDSHAKES, NO KISSING, EXCESSIVE HUGGING ETC.)

_____ TOTAL

Comment: _____

19. SHOWS RESPECT FOR THE RIGHTS AND PROPERTY OF OTHERS:
 _____ DOES NOT STEAL
 _____ ASKS PERMISSION TO USE ANOTHERS PROPERTY
 _____ TREATS BORROWED PROPERTY WITH RESPECT

_____ TOTAL

Comment: _____

20. USES APPROPRIATE LANGUAGE AND MANNERS AT WORKSITE:
 _____ USES EVERYDAY MANNERS (PLEASE, THANK-YOU ETC.)
 _____ AVOIDS TEASING/RIDICULING OTHERS
 _____ USES APPROPRIATE LANGUAGE (NO CUSSING, DEMEANING REMARKS ETC.)

_____ TOTAL

Comment: _____

VIII. WORK ATTITUDES

21. INCENTIVE/MOTIVATION TOWARD WORK:
 _____ DEMONSTRATES SHORT TERM PERSONAL GOALS SUCH AS COMPLETING DAILY WORK
 _____ DEMONSTRATES MOTIVATION TO COMPLETE WORK TO EARN MONEY & NON-MONETARY
 _____ REWARDS
 _____ DISPLAYS A POSITIVE ATTITUDE TOWARD WORK

_____ TOTAL

Comment: _____

22. ACCEPTS SOCIETAL VALUES AND VALUES REWARDS:
 _____ ACKNOWLEDGES VARIOUS TYPES OF NON-MONETARY REWARDS FOR WORK WELL
 DONE (PRAISE, STICKERS, FREETIME ETC.)
 _____ RESPONDS APPROPRIATELY WHEN PRAISED FOR DOING A GOOD JOB
 _____ ACKNOWLEDGES MONETARY REWARDS (PAYCHECK)

_____ TOTAL
 Comment: _____

23. TAKES PRIDE IN WORKING:
 _____ SHARES ACCOMPLISHMENTS WITH OTHERS (TAKES PAPERS HOME, COLLECTS STICKERS,
 RESPONDS TO POINT SYSTEM/TOKENS)
 _____ RECOGNIZES (SHOWS PRIDE) WHEN GOOD WORK HAS BEEN DONE
 _____ CONTRIBUTES TO THE COMMON GOOD OF THE GROUP

_____ TOTAL
 Comment: _____

DOES HE/SHE HAVE ACCESS TO HIS/HER MONEY SO THEY CAN USE THE POP/SNACK MACHINE? YES NO
 DESCRIBE HELP NEEDED TO EITHER ACCESS MONEY OR TO USE THE MACHINES:

DOES HE/SHE USE VACATION DAYS AND KNOW WHO TO REQUEST THEM FROM? YES NO

WHAT JOBS DO HE/SHE USUALLY WORK ON? _____

WHAT ARE HIS/HER FAVORITE JOBS? _____

WHAT ARE HIS/HER LEAST FAVORITE JOBS? _____

IN YOUR OPINION, AT THIS TIME IS THIS THE MOST APPROPRIATE PLACE FOR THIS INDIVIDUAL TO WORK?

IN YOUR OPINION, WHAT SEEMS TO BE HIS/HER MOTIVATION FOR WORKING? Circle at least one:
 PAYCHECK/MONEY SOCIAL ASPECT SPECIAL REWARD DIVERSION FROM HOME?

DESCRIBE: _____

DOES HE/SHE SEEM TO ENJOY WORKING? YES NO COMMENT: _____

AT THIS TIME, WHAT CONCERNS YOU MOST ABOUT THIS INDIVIDUAL? _____

IS THIS INDIVIDUAL CAPABLE OF HELPING CO-WORKERS/STAFF WITH JOBS? YES NO

GET SUPPLIES? LIFT & CARRY BOXES? TAKE THINGS TO OFFICE?
DO A CERTAIN PORTION/STEP OF A JOB SO ANOTHER CAN COMPLETE THE JOB? ETC.
DESCRIBE: _____

DOES HE/SHE PARTICIPATE IN ANY OF THE NON-WORK ACTIVITIES OFFERED DURING THE WORK DAY?
SUCH AS: THE SENSORY ROOM MOVIE DAY PARTIES ETC.
COMMENT: _____

DOES HE/SHE WORK IN THE COMMUNITY? YES NO
IF YES WHERE? _____

DOES HE/SHE WANT TO WORK IN THE COMMUNITY? YES NO
IF YES WHERE? _____
DOING WHAT? _____

CAN HE/SHE READ? YES NO DESCRIBE: _____

CAN HE/SHE WRITE? YES NO DESCRIBE: _____

BASED ON YOUR OBSERVATIONS, IS THIS INDIVIDUAL HAPPY WORKING IN YOUR AREA? YES NO
COULD HE/SHE BENEFIT FROM A DIFFERENT SUPERVISOR? YES NO DESCRIBE: _____

BASED ON YOUR OBSERVATIONS, DOES HE/SHE KNOW WHEN THEY SHOULD STAY HOME DUE TO ILLNESS?
YES NO DESCRIBE: _____

DOES HE/SHE COMMUNICATE NEED FOR ASSISTANCE DUE TO ILLNESS? YES NO
DESCRIBE: _____

BASED ON YOUR OBSERVATIONS, DOES HE/SHE USE THE RESTROOM IN AN APPROPRIATE MANNER?
YES NO DESCRIBE: _____

CAN HE/SHE IDENTIFY ANY OF HIS/HER TEAM MEMBERS BY EITHER STATING NAMES, POINTING TO
PICTURES, CARRING A CARD IDENTIFYING TEAM MEMBERS, ETC. i.e. SUPERVISOR, PLANNING COORDINATOR,
SKILLS DEVELOPMENT COORDINATOR, SERVICE & SUPPORT ADMINISTRATOR YES NO

DOES HE/SHE PUSH HIS/HER CHAIR UNDER TABLE WHEN LEAVING AREA? YES NO N/A

KNOWS WHEN AND HOW TO USE A KLEENEX (NOT CLOTHING) YES NO