TRIAL WORK EXPERIENCE REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 1095 (04-2026)

Click Here to Clear Field Data

Client Name	Counselor Name	Month and Year of Service
Trial Work Site		Trial Work Date
Trial Work Position	Agency Name or Community Rehabilitation Provider	
Trial Work Schedule	Total Monthly Hours of Travel	

Select one rating of 1 through 4 for each question:
1 - Unacceptable - Fails to meet minimum requirements.
2 - Needs Improvement - Performance below acceptable level.
3 - Adequate - Meets basic position requirements.
4 - Exceptional - Performance at level expected from qualified individual.

Work Skills	Work Skills Rating	Job Functions Performed	Job Functions Rating
Attendance and punctuality	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Relation to co-workers and or the public	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Interactions with supervisor	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Follows instructions	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Ability to work independently	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Complies with rules and regulations	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Knowledge of work	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Acceptance of criticism	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Attitude toward job	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Work ethic	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Quality of work	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Quantity of work	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4
Grooming and hygiene	◯1 ◯2 ◯3 ◯4		◯1 ◯2 ◯3 ◯4

Describe the individuals strength and endurance including mobility and physical limitations.

Describe challenging behaviors and or social interaction skills.
Describe the individual's ability to tolerate the physical demands of a regular work schedule or work environment.
Describe the individual's ability to manage self-care needs in a work environment.
Describe the individual's communication skills.
Describe how the individual performed the essential job duties ability to follow directions, quality of work, and attention to detail.
Describe any special or required accommodations such as job coach, assistive technology, or schedule.

Dates and Hours

Date	Description	Total Hours	Agency or Staff Initials
	Total Trial Work Hours Page 3		

Dates and Hours

Date	Description	Total Hours	Agency or Staff Initials

Total Trial Work Hours Page 4	
Total Trial Work Hours Page 3 and 4	

Provide a detailed justification, based on the observations and case documentation, why you believe the client is or is not capable of competitive integrated employment.

Completed By	Title	Date