SITUATIONAL ASSESSMENT REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 1525 (04-2026)

Click Here to Clear Field Data

Vocational Rehabilitation Counselor Name	Telephone Number
Community Rehab Provider	
Client Name	Assessment Date
Assessment Completed By	Title
Did the client attend the scheduled dates and times? ◯ No ◯ Yes	
Comments	
Does the assessment need to be rescheduled? ◯ No ◯ Yes	
Comments	
Assessment Site	
Total Hours for the Assessment	Dates of the Assessment

Attendance and Punctuality

Needed a reminder to attend the assessment? ◯ No ◯ Yes
If yes, explain.
Arrived late for the assessment? ◯ No ◯ Yes
If yes, explain.
Was not ready to begin the assessment immediately? ◯ No ◯ Yes
If yes, explain.
Did not stay for the entire assessment? ◯ No ◯ Yes
If yes, explain.
Asked to leave early? ◯ No ◯ Yes
If yes, explain.

Took excessive breaks? ◯No ◯Yes
If yes, explain.

Grooming and Hygiene

Arrived with body odor? ◯No ◯Yes
If yes, explain.
Developed body odor during the assessment? ◯No ◯Yes
If yes, explain.
Arrived with dirty skin, uncombed hair, unshaven, or teeth not brushed? ◯No ◯Yes
If yes, explain.
Did not use appropriate hand washing? ◯No ◯Yes
If yes, explain.

Dress

Wore inappropriate clothes for the assessment? ◯No ◯Yes
If yes, explain.
Wore dirty clothes to the assessment? ◯No ◯Yes
If yes, explain.
Wore wrinkled, torn, too small, too large, or outdated clothing to the assessment? ◯No ◯Yes
If yes, explain.

Quality of work performed to include strengths and weaknesses. Comment on the areas that have a "No" response to address any concerns or strengths as it relates to the job tasks outlined below.

Job Task 1		
Completed Job Task ◯Yes ◯No	Stays on Task ◯Yes ◯No	Works Independently ◯Yes ◯No
Asks for Help ◯Yes ◯No	Follows Safety Procedures ◯Yes ◯No	Shows Initiative ◯Yes ◯No
Comments		

Job Task 2		
Completed Job Task ◯Yes ◯No	Stays on Task ◯Yes ◯No	Works Independently ◯Yes ◯No
Asks for Help ◯Yes ◯No	Follows Safety Procedures ◯Yes ◯No	Shows Initiative ◯Yes ◯No
Comments		
Job Task 3		
Completed Job Task ◯Yes ◯No	Stays on Task ◯Yes ◯No	Works Independently ◯Yes ◯No
Asks for Help ◯Yes ◯No	Follows Safety Procedures ◯Yes ◯No	Shows Initiative ◯Yes ◯No
Comments		
Job Task 4		
Completed Job Task ◯Yes ◯No	Stays on Task ◯Yes ◯No	Works Independently ◯Yes ◯No
Asks for Help ◯Yes ◯No	Follows Safety Procedures ◯Yes ◯No	Shows Initiative ◯Yes ◯No
Comments		
Job Task 5		
Completed Job Task ◯Yes ◯No	Stays on Task ◯Yes ◯No	Works Independently ◯Yes ◯No
Asks for Help ◯Yes ◯No	Follows Safety Procedures ◯Yes ◯No	Shows Initiative ◯Yes ◯No
Comments		

Stamina and Consistency

Worked at at slower pace? ◯No ◯Yes
If yes, after how many hours and explain.
Complains of physical demands? ◯No ◯Yes
If yes, explain.
Takes breaks during non-break time? ◯No ◯Yes
If yes, explain.

Wanders away from the work area?
◯ No ◯ Yes

If yes, explain.

Finds excuses to interrupt work?
◯ No ◯ Yes

If yes, explain.

Hurries through work?
◯ No ◯ Yes

If yes, explain.

Takes longer on less desirable tasks?
◯ No ◯ Yes

If yes, explain.

Starts new task before completing one?
◯ No ◯ Yes

If yes, explain.

Work Behavior

Inappropriate behavior?
◯ No ◯ Yes

If yes, explain.

Disrupts other with inappropriate joking?
◯ No ◯ Yes

If yes, explain.

Rude to co-workers or customers?
◯ No ◯ Yes

If yes, explain.

Complains constantly while working?
◯ No ◯ Yes

If yes, explain.

Being dishonest?
◯ No ◯ Yes

If yes, explain.

Communication

Inappropriate reaction to direction?
◯ No ◯ Yes

If yes, explain.

I can do as I please attitude?
◯No ◯Yes

If yes, explain.

Makes derogatory statements about others?
◯No ◯Yes

If yes, explain.

Complains about work environment?
◯No ◯Yes

If yes, explain.

Makes frequent bodily indications of discomfort?
◯No ◯Yes

If yes, explain.

Client Level of Social Skills

Creates negative relationships with co-workers?
◯No ◯Yes

If yes, explain.

Ignores co-workers while they are talking?
◯No ◯Yes

If yes, explain.

Avoids contact with the opposite sex?
◯No ◯Yes

If yes, explain.

Inappropriate with the opposite sex?
◯No ◯Yes

If yes, explain.

Does not establish eye contact?
◯No ◯Yes

If yes, explain.

Attempts to argue with others?
◯No ◯Yes

If yes, explain.

Dominates conversations?
◯No ◯Yes

If yes, explain.

Interrupts conversations?
◯No ◯Yes

If yes, explain.

Supervision

Treats supervisor as a friend?
◯No ◯Yes

If yes, explain.

Does not relate well to supervisor?
◯No ◯Yes

If yes, explain.

Does not work efficiently on own?
◯No ◯Yes

If yes, explain.

Does not learn tasks with repetition?
◯No ◯Yes

If yes, explain.

Does not check own work?
◯No ◯Yes

If yes, explain.

Hides mistakes from supervisor?
◯No ◯Yes

If yes, explain.

Needs on-on-one supervision to correct error?
◯No ◯Yes

If yes, explain.

Clients Reaction to Criticism

Speeds through job tasks?
◯No ◯Yes

If yes, explain.

Interprets supervisor comments as negative?
◯No ◯Yes

If yes, explain.

Displays anxiety and fear?
◯No ◯Yes

If yes, explain.

Argues and complains?
◯No ◯Yes

If yes, explain.

Shows a decrease in productivity?
◯No ◯Yes

If yes, explain.

Tears and shouting?
◯No ◯Yes

If yes, explain.

Select the level of prompts used during the assessment. Select only one.

◯Intermittent prompts or high supervision.
◯Intermittent prompts or medium supervision.
◯Infrequent prompts or low supervision.
◯No prompts.

Comments for prompts.

Select the level of initiative and motivation demonstrated during the assessment. Select only one.

◯Avoids new tasks.
◯Waits for direction.
◯Sometimes volunteers.
◯Always seeks work independently.

Comments for initiative and motivation.

Did the person show interest in this position?
◯No ◯Yes

Comments

Does the person want to be employed or just have something to do?
◯No ◯Yes

Comments

Does the person have the skill and ability to do this position?
◯No ◯Yes

Comments

Would this be an appropriate vocational goal for this person?
◯No ◯Yes

Comments