

Report Date:	
Participant's Name:	Participant Email:
VR Counselor Name:	VR Counselor Email:
Contractor's Name:	Contractor's Email:
Job Coach/Assessor Name:	

Section 1. Evaluation and observations

Describe supervisor's perceptions of the Participant's performance and/or capabilities:

Describe Participant's perceptions of their performance and/or capabilities:

Contractor Evaluation

Is the Participant performing any duties not originally expected for this TVA?

Yes No

If yes, please describe:

Did you notice any tasks or opportunities at the worksite, not originally offered by the employer, that the Participant could have completed successfully?

Yes No

If yes, please describe:

Describe any opportunities for Customized Employment, if applicable:

Could this position/hour(s) be expanded for this Participant? Yes No

If yes, please describe:

Did non-work-related concerns or needs arise that may impact the Participant's successful employment and retention (*i.e., behaviors, transportation, etc.*)

Yes No

If yes, please describe:

What supports, interventions, strategies and tools were needed or used to help make this TVA successful?

Objectives as stated in TVA plan

Objective/Goal 1:

Was this objective completed successfully? Yes No

Objective/Goal 2:

Was this objective completed successfully? Yes No

Objective/Goal 3:

Was this objective completed successfully? Yes No

Does the Participant meet the minimum requirements/expectations of this job/employer?

Yes No

Why or why not?

Section 2. Final recommendations/summary

Identified transferrable skills and Participant strengths contributing to Participant's future vocational success:

1.	4.
2.	5.
3.	6.

Potential issues, concerns, or barriers to future employment (*including non-work-related barriers affecting work performance*). Please state any recommendations for resolutions).

Barriers	Resolutions
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Based on your observations, would the Participant be successfully employed in this, or similar vocational field?

Yes No

Potential ideas discovered from this experience for additional tasks, positions, or employers for this Participant in their local community:

What are your final recommendations for accommodations, tools, and strategies for Participant's future vocational success?

Based on the Participant's experience and observations, would the Participant choose to be employed in this or another similar vocational field?

Yes No

Additional Comments: