

On-The-Job Assessment Report

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

Report Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Purchase Order (PO) Number	Report Author
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Assessment Site Information

Employer Name	Employer Address						
Worksite Supervisor Name & Title							
Job Title	Wage Rate						
Start and End Dates	List of Dates and Hours of On-Site Observations <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Dates</th> <th style="width: 20%; text-align: center;">Hours</th> <th style="width: 20%; text-align: center;">Total Hours</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Dates	Hours	Total Hours			
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Brief description of job duties performed during the OJA:

Observations

Record of tardiness or absenteeism (if applicable), including patterns and contributing factors:

Ability to follow schedules, workplace rules, and directions:

Vocational strengths/assets observed related to job duties:

Limitations or challenges observed that may impact job performance:

Comparison of consumer's performance to typical expectations for the position (if available/appropriate):

Describe how the consumer interacted with supervisors, coworkers, and others in the work setting:

Describe the consumer's awareness of workplace expectations and insight into how their behavior may be perceived by others:

Accommodation needs, including any accommodations used during the OJA, if any:

Additional or ongoing support needs identified (e.g., training, job coaching, assistive technology, task modifications):

Summary & Recommendations

Summary of overall job match based on the OJA (e.g., duties, pace, environment, expectations):

Recommendations related to employment next steps (e.g., hire, job development, job supports, skill development, alternative job match):

Address specific referral questions from DVR staff here:

Any other relevant information not captured above (e.g., safety concerns, learning style, response to feedback, etc.):

Use the space after this line for any additional information.