

NEW DIRECTIONS INDUSTRIES WORK READINESS ASSESSMENT

Name: _____ SS#: _____

Birth date: _____ Date Admitted: _____

Living Unit: _____ Race: _____ Case #: _____

Admitted From: _____

(1) Axis I and II Diagnosis: _____

As evidenced by: _____

(2) Axis III Diagnosis: _____

As evidenced by: _____

(3) Privileges (outside, walkouts, activity attendance, [describe-include client/staff ratios]): _____

(4) Legal Status (NGRI, DOC, etc.) _____

(5) Since admission, has client displayed episodes of (if yes, give most recent dates and summarize incident):

(a) Aggression _____

(b) Refusal to cooperate with treatment plan (does not necessarily preclude participation at NDI)

(c) Other observed documented behaviors which may effect client's recruitment (does not preclude participation at NDI) _____

(6) Evaluate for Limitations: (a) ambulation _____ (b) reading _____ (c) use of hands _____

(d) communication _____ (e) vision _____ (f) hearing _____ (g) speech _____

Explanations/comments on above info: _____

(7) Medication adverse actions/precautions that may effect job performance or safety: _____

(8) Education (include technical training): _____

(9) Previous employment (describe duties if possible): _____

(10) Expressed job interests: _____

(11) Comments/recommendations: _____

(Use back for additional space)

Stamp Plate

Signature/Title

Director, NDI

CSH - 76