

Vocational Assessment Template

This template is used to collect information from and about the client to determine their vocational goals and plan their return to work. It is designed to be used over a number of sessions. Not all sections will be applicable for all clients and clinical judgement should be exercised throughout.

It comprises of four sections:

- Part **(A)** Demographic details
- Part **(B)** Clinical assessment
- Part **(C)** Vocational assessment
- Part **(D)** Assessment outcomes and vocational plan

(A) Demographic details

Client details

Name	UR	D.O.B
Address	Phone	
	Email	
Next of kin	Phone	
	Email	

Employer details

Client's permission to contact employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date obtained
Company name			
Address			
Name of contacts	Role	Phone	Email

Comments

A Demographic details *(continued)*

Insurer details *(if applicable)*

Insurer	Comments
Case manager	
Phone	
Email	

Treating team	Name	Phone	Email
Treating doctor			
Speech pathologist			
Physiotherapist			
Occupational therapist			
Dietitian			
Psychologist			
Exercise physiologist			
Other			
Other			

B Clinical assessment

Date of injury	Date of initial assessment
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Diagnosis *(include injuries sustained, post traumatic amnesia)*

General description

Post traumatic amnesia Yes No Epilepsy/seizures Yes No

Duration:

Details:

B Clinical assessment *(continued)*

Treatment status

General description

Relevant medication

Aids

Medical and therapy appointments

Relevant medical history *(comorbidities)*

Functional impairments

Sensory Impairments

Vision Yes No
Comment:

Hearing Yes No
Comment:

Light/noise sensitivity Yes No
Comment:

Smell Yes No
Comment:

Dizziness Yes No
Comment:

Pain (including headache) Yes No
Comment: *(indicate location of pain if applicable)*

Upper Limb Impairments

Dominance R L

(L) Yes No
Describe: *(e.g. ROM, strength, coordination, sensation, pain)*

(R) Yes No
Describe: *(e.g. ROM, strength, coordination, sensation, pain)*

B Clinical assessment (continued)**Functional impairments (continued)****Lower Limb Impairments**(L) Yes No

Describe: (e.g. ROM, strength, coordination, sensation, pain)

(R) Yes No

Describe: (e.g. ROM, strength, coordination, sensation, pain)

Other Physical/Functional ImpairmentsNeck Yes No

Comment:

Back Yes No

Comment:

Balance Yes No

Comment:

Other

Cognitive Impairments (from formal assessment and/or client self-report)Fatigue Yes No

Comment:

Concentration Yes No

Comment:

Perception Yes No

Comment:

Comprehension Yes No

Comment:

Memory Yes No

Comment:

Speed of thinking Yes No

Comment:

Planning/problem-solving Yes No

Comment:

Behaviour changes Yes No

Comment:

Irritability Yes No

Comment:

Emotional changes Yes No

Comment:

B Clinical assessment *(continued)*

Functional impairments *(continued)*

Communication

Word finding Yes No

Comment:

Clarity of speech Yes No

Comment:

Other comments regarding impairments

Level of independence

Personal care *(e.g. washing/dressing, eating, bowel/bladder care)*

Independent Yes No

Specify:

Daily organisation *(e.g. planning, organising daily activities)*

Independent Yes No

Specify:

Driving status

Currently driving Yes No

Specify:

Other *(e.g. public transport use, mobility aids)*

Specify:

Sleep

Comments *(including amount, disruptions, need for daily rests, sleep aids)*

Psychosocial considerations

Living situation

Finances

Family and other support

Family responsibilities

Interests

Other

C Vocational assessment

Pre-injury employment

Occupation/job title

Duration of employment

Duties/responsibilities

Employment basis

Permanent Casual Self-employed

Weekly contracted hours *(rostered days: Monday-Friday, a rotating shift roster, night shift, nine-day fortnight etc)*

Actual weekly hours if different

Normal breaks *(outline normal break times if taken)*

Equipment/machinery used

Environment/working conditions

(outdoors, office based, open plan office, stairs, off site, travel)

Usual transport to and from work

Other employment factors

C Vocational assessment (continued)

Physical demands for pre-injury duties

Indicate whether the following demands are required or not required and the implications for work. Add additional demands as appropriate.

Physical demands	Required	Not required	Comments/implications for work
General physical endurance	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	
Stair climbing	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard/mouse use	<input type="checkbox"/>	<input type="checkbox"/>	
Handwriting	<input type="checkbox"/>	<input type="checkbox"/>	
Looking at monitor	<input type="checkbox"/>	<input type="checkbox"/>	
Bending	<input type="checkbox"/>	<input type="checkbox"/>	
Trunk flexion	<input type="checkbox"/>	<input type="checkbox"/>	
Trunk rotation	<input type="checkbox"/>	<input type="checkbox"/>	
Bilateral upper limb use	<input type="checkbox"/>	<input type="checkbox"/>	
Low level reach	<input type="checkbox"/>	<input type="checkbox"/>	
Working with arms elevated	<input type="checkbox"/>	<input type="checkbox"/>	
Use of grip	<input type="checkbox"/>	<input type="checkbox"/>	
Unilateral carry	<input type="checkbox"/>	<input type="checkbox"/>	
Bilateral carry	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy lifting	<input type="checkbox"/>	<input type="checkbox"/>	<i>Approx. weight</i>
Floor to waist lift	<input type="checkbox"/>	<input type="checkbox"/>	
Waist to eye level lift	<input type="checkbox"/>	<input type="checkbox"/>	
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	
Ladder climbing	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	
Other physical demands			

C Vocational assessment (continued)

Cognitive demands for pre-injury duties (complete if clinically indicated)

Summarise the cognitive demands of the above pre-injury duties by indicating 'required' or 'not required' for each of the demands listed below and adding any additional demands as appropriate.

Cognitive demands	Required	Not required	Comments/implications for work
General mental endurance	<input type="checkbox"/>	<input type="checkbox"/>	
Self-supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision of others	<input type="checkbox"/>	<input type="checkbox"/>	
Responsibility and appropriate judgement	<input type="checkbox"/>	<input type="checkbox"/>	
Co-operation with others	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to confrontation	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to emotional/stressful situations	<input type="checkbox"/>	<input type="checkbox"/>	
Deadline pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Multi-tasking	<input type="checkbox"/>	<input type="checkbox"/>	
Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to distraction	<input type="checkbox"/>	<input type="checkbox"/>	
Reading literacy	<input type="checkbox"/>	<input type="checkbox"/>	
Written literacy	<input type="checkbox"/>	<input type="checkbox"/>	
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	
Numerical skills	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	
Computer literacy	<input type="checkbox"/>	<input type="checkbox"/>	
Planning & problem solving	<input type="checkbox"/>	<input type="checkbox"/>	

Other cognitive demands

D Assessment outcomes and vocational plan

Certificate of capacity

Dates

Completed by

Identified implications of injury/impairments for work and proposed strategies

Implications for work

Proposed strategies/activities

Vocational assessment outcome and plan

Client goals (perception of work-readiness)

Assessment outcome	Planning actions
<input type="checkbox"/> Work-ready	<i>(e.g. contact employer, insurer, order assistive equipment etc.)</i>
<input type="checkbox"/> Further assessment of capacity/skills	<i>(e.g. assess sitting tolerance, ladder use, lifting capacity, computer skills)</i>
<input type="checkbox"/> Unable to return to pre-injury role	<i>(e.g. vocational counselling, explore retraining options, refer on)</i>
<input type="checkbox"/> Not work-ready	<i>(e.g. train to use equipment, set up work conditioning, liaise with treating team)</i>

