

**Employment and Community First CHOICES  
Situational Observation and Assessment Report**

Authorization date for assessment:	Completion date for assessment:
Start date for assessment:	Number of experiences assessed (up to four):

**I. Member information**

Member name: \_\_\_\_\_ Member ID: \_\_\_\_\_

**II. Situational observation and assessment provider information**

Provider name: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Job coach name: \_\_\_\_\_ Job coach phone: \_\_\_\_\_

Job developer email: \_\_\_\_\_

**III. Member work experiences****Experience #1**

Topic/initial question	Answers	Additional questions
What was the location of this work experience?		Was the member able to get to the location without requiring transportation from the provider/job coach? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the reason this location was selected?		In hindsight, was the location a good fit for the member? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain answer: _____
What was the amount of hours the member participated in this work experience?		Did the member express a desire to continue the experience when the experience ended, or did the member seem happy that the experience was over? If neither, please explain: _____
Were hours spread across multiple days? If yes, how many days?		If yes, did the member respond positively to shorter shifts over multiple days? <input type="checkbox"/> Yes <input type="checkbox"/> No
What time(s) of day did the member participate in the work experience? (State all that apply: morning, afternoon, night shift, etc.)		What did you learn about the member's best and/or worst times of the day to be scheduled for work?

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

Topic/initial question	Answers	Additional questions
Did the member get paid for the experience? If yes, was the pay minimum wage or higher per hour?		How did the member react to being paid or not being paid for this experience?
Did the member work or participate alongside another person doing the same tasks? (State one: always, sometimes, never)		<p>If never, skip this box; otherwise, answer the questions in this box.</p> <p>How well did the member interact with the other person or people doing the same tasks?</p> <p>Did the job coach provide any supports to the member to facilitate positive interactions? If yes, describe those supports and effectiveness.</p> <p>Did the member's comfort level with the other people increase over the course of the experience?</p>

Specific tasks performed by the member during the experience	Member's level of interest and engagement with task	Member's demonstrated capabilities and skills	Member's ability to understand and follow instructions while performing the specific task (note type of instruction provided)	Member's demonstrated ability to learn and improve performance by completing/ practicing the task
1.				
2.				
3.				
4.				
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Add more rows if needed.

Summary questions	Answers to summary questions
How did this experience help define the member's employment goal?	
What did the member learn about the specific tasks that best match his or her interests and skills?	
What did the member learn about his or her learning style?	
What did the member learn about his or her essential conditions for success versus preferences?	
What additional information did the member learn that will help job development or self-employment startup efforts?	

If the member provides additional work experiences, please include the information below. Delete sections that are not needed.

#### Experience #2

Topic/initial question	Answers	Additional questions
What was the location of this work experience?		Was the member able to get to the location without requiring transportation from the provider/job coach? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the reason this location was selected?		In hindsight, was the location a good fit for the member? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain answer: _____
What was the amount of hours the member participated in this work experience?		Did the member express a desire to continue the experience when the experience ended, or did the member seem happy that the experience was over? If neither, please explain: _____
Were hours spread across multiple days? If yes, how many days?		If yes, did the member respond positively to shorter shifts over multiple days? <input type="checkbox"/> Yes <input type="checkbox"/> No
What time(s) of day did the member participate in the work experience? (State all that apply: morning, afternoon, night shift, etc.)		What did you learn about the member's best and/or worst times of the day to be scheduled for work?

Topic/initial question	Answers	Additional questions
Did the member get paid for the experience? If yes, was the pay minimum wage or higher per hour?		How did the member react to being paid or not being paid for this experience?
Did the member work or participate alongside another person doing the same tasks? (State one: always, sometimes, never)		<p>If never, skip this box; otherwise, answer the questions in this box.</p> <p>How well did the member interact with the other person or people doing the same tasks?</p> <p>Did the job coach provide any supports to the member to facilitate positive interactions? If yes, describe those supports and effectiveness.</p> <p>Did the member's comfort level with the other people increase over the course of the experience?</p>

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### Experience #3

Topic/initial question	Answers	Additional questions
What was the location of this work experience?		Was the member able to get to the location without requiring transportation from the provider/job coach? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the reason this location was selected?		In hindsight, was the location a good fit for the member? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain answer: _____
What was the amount of hours the member participated in this work experience?		Did the member express a desire to continue the experience when the experience ended, or did the member seem happy that the experience was over? If neither, please explain: _____
Were hours spread across multiple days? If yes, how many days?		If yes, did the member respond positively to shorter shifts over multiple days? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Topic/initial question	Answers	Additional questions
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#### Experience #4

Topic/initial question	Answers	Additional questions
What was the location of this work experience?		Was the member able to get to the location without requiring transportation from the provider/job coach? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the reason this location was selected?		In hindsight, was the location a good fit for the member? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain answer: _____
What was the amount of hours the member participated in this work experience?		Did the member express a desire to continue the experience when the experience ended, or did the member seem happy that the experience was over? If neither, please explain: _____
Were hours spread across multiple days? If yes, how many days?		If yes, did the member respond positively to shorter shifts over multiple days? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Other notes or recommendations related to next steps, including job development or self-employment startup efforts:**

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Date submitted to Amerigroup Community Care: \_\_\_\_\_

Name of job coach who authored this report: \_\_\_\_\_

Signature of job coach who authored this report: \_\_\_\_\_

Name of person who received this report: \_\_\_\_\_

Name of person who reviewed and approved this report for adequacy: \_\_\_\_\_

Approval date: \_\_\_\_\_