

Job Match Analysis
Time-Limited Job Coaching
(Milestone 1)

Enter the required information in the text boxes or choose the appropriate options from the drop-down menus below.

Consumer:

Vendor:

LRS Counselor:

Case Number:

Employer:

Telephone #:

Address:

Web Address:

E-Mail address:

Supervisor:

Supervisor's Telephone #:

Supervisor's E-Mail:

Employee /consumer's Job Title:

Employment start date:

Wages / earnings: \$

Per

(Select)

Is there a written job description for consumer's position?

(Select Yes or No)

If yes, attach a copy.

Employment Benefits: Are benefits available?

(Select Yes or No)

If so, check all that apply:

Leave: vacation / annual

sick

family medical

educational

Insurance: health 401 dental

vision

life

401K/Retirement

Funeral leave

paid holiday

other

Is there a waiting period to obtain benefits?

If so, how long?

Work Schedule/Shift:

Brief Job Summary:

Essential Work Duties: Identify the daily and essential work tasks to be performed.

Episodic Work Duties: Identify duties that are performed on a periodic or occasional basis.

Employer's Concern / Need for Quality:

Employer's Concern / Need for Productivity:

Skills Required by the Employer:

Personality Traits Required by Employer:

Qualifications Required by Employer: work history, experience, education

Work Site Considerations: What are the physical demands of the job? (Select Yes or No)

| | | |
|------------|----------|----------|
| Standing: | Details: | |
| Walking: | Details: | Details: |
| Sitting: | Details: | |
| Lifting: | Details: | |
| Carrying: | Details: | |
| Pushing: | Details: | |
| Climbing: | Details: | |
| Balancing: | Details: | |
| Bending: | Details: | |
| Kneeling: | Details: | |

| | |
|--------------|----------|
| Manual | Details: |
| Handling: | Details: |
| Fine Motor: | Details: |
| Gross Motor: | Details: |
| Visual: | Details: |
| Hearing: | Details: |
| Other: | Details: |

Accommodations Needed: Identify the potential accommodations that might be needed to assist the consumer to safely complete the physical demands and enable the employee to perform the essential functions of the job.

Environmental Demands: Address all that apply.

Indoors:

Outdoors:

Dust:

Fumes:

Hazards:

Bio-hazards:

Heat:

Cold:

Noise Levels:

Other:

Other:

Other:

Accommodations Needed: Identify the potential accommodations that might be needed for the environmental demands that would enable the consumer / employee to perform the essential functions of the job.

Work Culture:

General Pace of Work:

Overall levels of stress:

Level of teamwork expected:

Informal Support provided by co-workers:

Dress Code:

Interactions between Employees:

Employee gathering places and times:

Well-known yet unwritten rules:

Special terms or phrases used:

Special events or celebrations:

Training Considerations:

Is there orientation training for new employees?

(Select Yes or No)

If yes, describe how long the training is and topics covered:

How are new employees provided with job specific training? How would this employee be trained?

Are there any accommodations that may need to be made for either the orientation or the job specific training? (i.e., Translating written materials into Braille, adapting tests or written materials for cognitive disabilities, systematic training)

Vendor Signature:

Date:

Consumer Signature:

Date: