WORKSITE ASSESSMENT

Please complete this form. The information you provide will help determine how to mee the client's workplace accommodation and computer training needs. This assessment should be completed 2-3 weeks prior to job start date.

SECTION 1 – CLIENT INFORMATION

- Client Name:

- Job Title:

- Employer Name:

- Employer Address:

- Work Phone:

- Describe Job Responsibilities:

- Work Hours:

- Supervisor's Name:

- Supervisor's Phone:

- Supervisor's E-Mail:

- Technical Support Person:

- Tech's Phone:

- Tech's E-Mail:

SECTION 2 – EMPLOYER'S SOFTWARE INFORMATION

- Operating System used on PC's:

- Applications Used:

- E-Mail

- Internet: No internet for the client

- Proprietary Software:

- Other (Please Specify):

- <u>Network Environment</u>:

  - If networked, will the client need access to more than one PC (i.e., will the client ever switch to another workstation)?

SECTION 3 – COMMON TASKS

- List common tasks the client will perform (i.e., answer phones, word processing, etc.):

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SECTION 4 – ASSISTIVE TECHNOLOGY

- List any assistive technology the client currently has:

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SECTION 5 – OTHER INFORMATION & COMMENTS

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Counselor:

Date: