

Cognitive & Behavioral Capacities Evaluation Form

Consumer Name _____

The following estimate of capacities is based on a review of medical documentation and consumer/family self-report, as well as assessment and observations by rehabilitation professional.

The consumer has no restrictions (if marked, sign the end of this form to complete it)

COMPREHEND—Is the consumer able to...

work without restrictions or accommodations in this category (if marked, skip to next category)

Articulate and comprehend information in conversation

Yes unknown no (if no, indicate suggested accommodations) _____

Read, comprehend, and use written materials

Yes unknown no (if no, indicate suggested accommodations) _____

Understand and solve problems involving math and use the results

Yes unknown no (if no, indicate suggested accommodations) _____

Use technology/instruments/tools & information systems

Yes unknown no (if no, indicate suggested accommodations) _____

Work with two and three dimensional formats

Yes unknown no (if no, indicate suggested accommodations) _____

REMEMBER—Is the consumer able to...

work without restrictions or accommodations in this category (if marked, skip to next category)

Remember spoken instructions

Yes unknown no (if no, indicate suggested accommodations) _____

Remember written instructions

Yes unknown no (if no, indicate suggested accommodations) _____

Remember visual information

Yes unknown no (if no, indicate suggested accommodations) _____

Recall information incidental to task at hand

Yes unknown no (if no, indicate suggested accommodations) _____

Memorize facts or sequences

Yes unknown no (if no, indicate suggested accommodations) _____

Remember simple instructions

Yes unknown no (if no, indicate suggested accommodations) _____

Remember detailed instructions

Yes unknown no (if no, indicate suggested accommodations) _____

LEARN & PROCESS—Is the consumer able to...

work without restrictions or accommodations in this category (if marked, skip to next category)

Effectively learn and master information from classroom training

Yes unknown no (if no, indicate suggested accommodations) _____

Effectively learn and master information from on-the-job training

Yes unknown no (if no, indicate suggested accommodations) _____

Learn from past directions, observations, and/or mistakes

Yes unknown no (if no, indicate suggested accommodations) _____

Use common sense in routine decision making

Yes unknown no (if no, indicate suggested accommodations) _____

Recognize and anticipate potential hazards and take precautions

Yes unknown no (if no, indicate suggested accommodations) _____

Think critically and make sound decisions

Yes unknown no (if no, indicate suggested accommodations) _____

**ABILITIES COGNITIVE & BEHAVIORAL
CAPACITIES EVALUATION FORM PAGE 2 OF 3**

Integrate ideas and data for complex decisions

Yes unknown no (if no, indicate suggested accommodations) _____

Determine and follow precise sequences

Yes unknown no (if no, indicate suggested accommodations) _____

Coordinate and compile data and information

Yes unknown no (if no, indicate suggested accommodations) _____

Analyze, synthesize data and information

Yes unknown no (if no, indicate suggested accommodations) _____

OVER ➤

TASK & PLAN—Is the consumer able to...

work without restrictions or accommodations in this category (if marked, skip to next category)

Perform repetitive or short-cycle work

Yes unknown no (if no, indicate suggested accommodations) _____

Work under specific instructions

Yes unknown no (if no, indicate suggested accommodations) _____

Complete complex tasks

Yes unknown no (if no, indicate suggested accommodations) _____

Direct, control, or plan for others as necessary for basic tasks

Yes unknown no (if no, indicate suggested accommodations) _____

Direct, control, or plan for others as necessary for complex tasks

Yes unknown no (if no, indicate suggested accommodations) _____

Multi-task

Yes unknown no (if no, indicate suggested accommodations) _____

Plan, prioritize, and structure daily activities

Yes unknown no (if no, indicate suggested accommodations) _____

MAINTAIN ATTENDANCE AND AN ASSIGNED WORK SCHEDULE —Is the consumer able to...

work schedules as assigned with no limitations indicated (if marked, skip to next category)

work the following restricted schedule _____

Maintain predictable and reliable attendance

Yes unknown no (if no, indicate suggested accommodations) _____

Be punctual

Yes unknown no (if no, indicate suggested accommodations) _____

Take rest periods at set times or only at times determined by breaks in job responsibilities

Yes unknown no (if no, indicate suggested accommodations) _____

Adjust to a flexible schedule of work days and or shifts

Yes unknown no (if no, indicate suggested accommodations) _____

USE APPROPRIATE BEHAVIOR FOR A PROFESSIONAL WORK ENVIRONMENT

Is the consumer able to...

work without restrictions or accommodations in this category (if marked, skip to next section)

Receive criticism and accept limits appropriately

Yes unknown no (if no, indicate suggested accommodations) _____

Maintain emotional control and organization under increased stress

Yes unknown no (if no, indicate suggested accommodations) _____

Maintain socially appropriate affect, temperament, and behavior

Yes unknown no (if no, indicate suggested accommodations) _____

Monitor own quality of performance and alter behaviors to correct mistakes or improve outcome

Yes unknown no (if no, indicate suggested accommodations) _____

Work independently and/or unsupervised

Yes unknown no (if no, indicate suggested accommodations) _____

Adapt to frequent interruptions, changes in priorities and/or changes of locations

Yes unknown no (if no, indicate suggested accommodations) _____

Respond effectively to emergency situations

Yes unknown no (if no, indicate suggested accommodations) _____

**ABILITIES COGNITIVE & BEHAVIORAL
CAPACITIES EVALUATION FORM PAGE 3 OF 3**

Is the consumer taking any medications which impact his/her ability to work?

NO YES (if yes, please explain) _____

Are there possible limitations resulting from other medical conditions not addressed by this form?

NO YES (if yes, please explain) _____

The limitations documented are:

Permanent Temporary until __/__/__ and a full release is is not anticipated

Rehabilitation Professional's printed name and phone number _____

Rehab. Professional's signature _____ Date ____/____/____

Cognitive and Behavioral Job Analysis Form

JOB TITLE _____ JOB CLASSIFICATION _____

DICTIONARY OF OCCUPATIONAL TITLES (DOT) NUMBER _____

DOT TITLE _____

OF POSITIONS IN THE *entire* DEPARTMENT WITH THIS JOB TITLE _____

Ask to be referred to the human resource representative if the person being interviewed does not know.

CONTACT'S NAME & TITLE _____

CONTACT'S PHONE _____

ADDRESS OF WORKSITE _____

Rehabilitation Professional's NAME _____

DATE COMPLETED _____

DATE REVISED _____

WORK HOURS *number of hours per day, days per week, and shift*

OVERTIME (Note: Overtime requirements may change at the employer's discretion)

Required, between _____ and _____ hours per year

Optional

Does not occur

JOB DESCRIPTION

Indicate the purpose of the job here in 1-3 sentences.

ESSENTIAL ABILITIES

This information never changes and does not need to be repeated in the essential functions.

1. Ability to demonstrate predictable, reliable, and timely attendance.
2. Ability to follow directions (either verbal, written or demonstrated) and to complete assigned tasks on schedule.
3. Ability to learn from directions, observations, and mistakes, and apply procedures using good judgment.
4. Ability to work independently or part of a team; ability to interact appropriately with others.
5. Ability to work with supervision, receiving instructions/feedback, coaching/counseling and/or action/discipline.

JOB SPECIFIC REQUIREMENTS

List the necessary knowledge, skills, abilities, certifications, licenses, education, and/or experience. Ask to be referred to the human resource representative for the most current job announcement if the person being interviewed believes there is a current one, but does not have it.

ESSENTIAL FUNCTIONS

These are the fundamental job duties that accomplish the purpose of the job. Per the EEOC and the Department of Justice ADA Handbook (1991): "The function may be essential because the reason the position exists is to perform that function; the function may be essential because of the limited number of employees available among whom the performance of that job function can be distributed; and/or the function may be highly specialized so that the incumbent in the position is hired for his or her expertise or ability to perform the particular function."

1. _____
2. _____
3. _____
4. _____
5. _____

COGNITIVE & BEHAVIORAL JOB ANALYSIS COMPLETED ON:

JOB TITLE:

DOT #:

EMPLOYEE:

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

NON-ESSENTIAL FUNCTIONS

These are other duties that may or do get done, but they are not required to accomplish the purpose of the job.

1. _____

2. _____

3. _____

4. _____

5. _____

PERSONAL PROTECTIVE EQUIPMENT USED

Indicate what equipment such as respirators, gloves, reflective vests, etc. are worn and why.

OTHER TOOLS & EQUIPMENT USED

DEMANDS AS JOB IS TYPICALLY PERFORMED

Continuously = occurs 66-100% of the time

Frequently = occurs 33-66% of the time

Occasionally = occurs 1-33% of the time

Rarely = may occur less than 1% of the time

Never = does not ever occur (such demands are not listed)

This job is classified as

- Sedentary**—exerting up to ten pounds of force occasionally and/or a negligible amount of force frequently. A sedentary job involves sitting most of the time.
- Light**—exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently and/or a negligible amount of force constantly. A job is light if involves less than or up to the indicated pounds of force and one or more of the following apply; walking and standing to a significant degree, sitting and pushing/pulling of arm or leg controls, or constant pushing and pulling to maintain a production rate even when weight is negligible.
- Medium**—exerting 20 to 50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or up to 10 pounds of force constantly.
- Heavy**—exerting 50-100 pounds of force occasionally, and/or 25-50 pounds of force frequently, and/or 10-20 pounds of force constantly to move objects.
- Very Heavy**—exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

In this section:

- *Use ranges as needed. For example “occasionally to frequently”*

COMPREHENSION

Articulating and comprehending information in conversations

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Reading, comprehending, and using written materials

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Understanding and solving problems involving math and using the results

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Deleted: ¶

Using technology/instruments/tools & information systems

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Working with two and three dimensional formats

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

REMEMBERING

Remembering spoken instructions

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Remembering written instructions

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Remembering visual information

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Deleted: ¶

Recalling information incidental to task at hand

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Memorizing facts or sequences

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Remembering simple instructions

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Remembering detailed instructions

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

LEARNING & PROCESSING

Effectively learning and mastering information from classroom training

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Effectively learning and mastering information from on-the-job training

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Learning from past directions, observations, and/or mistakes

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Using common sense in routine decision making

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Recognizing and anticipating potential hazards and taking precautions

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Thinking critically and making sound decisions

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Integrating ideas and data for complex decisions

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Determining and following precise sequences

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Coordinating and compiling data and information

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Analyzing, synthesizing data and information

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

TASKING & PLANNING

|
Performing repetitive or short-cycle work

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Working under specific instructions

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Completing complex tasks

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Directing, controlling, or planning for others as necessary for basic tasks

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Directing, controlling, or planning for others as necessary for complex tasks

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Multi-tasking

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

Planning, prioritizing, and structuring daily activities

occurs Continuously Frequently Occasionally Rarely
while *doing what* _____

MAINTAINING ATTENDANCE AND AN ASSIGNED WORK SCHEDULE

|
Maintaining predictable and reliable attendance

Is necessary ____ each work shift ____ days per month ____ days per year

to *accomplish what* _____

Being punctual

Is necessary ____ each work shift ____ days per month ____ days per year

to *accomplish what* _____

Taking rest periods at set times or only at times determined by breaks in job responsibilities

Is necessary ____ each work shift ____ days per month ____ days per year

to *accomplish what* _____

Adjusting to a flexible schedule of work days and or shifts

Is necessary ____ each work shift ____ days per month ____ days per year

to *accomplish what* _____

USE APPROPRIATE BEHAVIOR FOR A PROFESSIONAL WORK ENVIRONMENT

Receiving criticism and accepting limits appropriately

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Maintaining emotional control and organization under increased stress

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Maintaining socially appropriate affect, temperament, and behavior

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Monitoring own quality of performance and altering behaviors to correct mistakes or improve outcome

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Working independently and/or unsupervised

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Adapting to frequent interruptions, changes in priorities, or changes in work location

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

Responding effectively to emergency situations

occurs Continuously Frequently Occasionally Rarely

while *doing what* _____

COGNITIVE & BEHAVIORAL JOB ANALYSIS COMPLETED ON:
JOB TITLE: DOT #:
EMPLOYEE:

ENVIRONMENTAL FACTORS

Work is performed in a *indicate what type—outdoor, industrial, office, etc* _____ setting.

The noise level is

Approximately *indicate how many* _____decibels. The noise is caused by _____.

Work environment may include the following exposure(s):

When completing this section:

- *Delete all conditions listed below that absolutely never occur. Indicate rare if they might occur.*
- *Indicate one or a range of two of the following Continuously Frequently Occasionally Rare after each item listed.*

Outside weather	_____
Non-weather related temperatures below 55 degrees	_____
Non-weather related Temperatures above 75 degrees	_____
Wet	_____
Humidity/dampness	_____
Fumes	_____
Odors	_____
Dusts	_____
Mists	_____
Gases	_____
Moving mechanical parts	_____
Vibration	_____
Working in high, exposed places	_____
Radiation	_____
Working with explosives	_____
Toxic or caustic chemicals	_____
Confined spaces	_____
Other:	_____

POTENTIAL MODIFICATIONS TO JOB

COGNITIVE & BEHAVIORAL JOB ANALYSIS COMPLETED ON:
JOB TITLE: DOT #:
EMPLOYEE:

SIGNATURES

*Before leaving the work site,, schedule a time to review this Job Analysis with the contact.
Also contact the employee to review it.*

Signatures in this section are obtained before the document becomes available for use and are not required each time the document is reused.

Printed name & title of Rehabilitation Professional

Signature of Rehabilitation Professional

Date

Printed name & title of employer contact

Signature of employer contact

Date

Printed name & job title of employee

Signature of employee

Date