



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Job Shadowing Assessment Report

Name of Customer:

Name of VR Counselor:

CRP Name (Agency name):

Name of Person Conducting Assessment:

Job Site Location:

Date(s) of Assessment:

Job Site Contact Person, Job Title, and Telephone Number:

What tasks were observed at this job site?

How long did the customer participate in the job shadowing experience?

What accommodations would the customer need to perform this task on an ongoing basis?

What education/training would the customer need to qualify for this type of work?

How much job coaching will this individual need to perform these job tasks?

Is the customer still interested in this type of work after the job shadowing experience?

Did the job shadowing experience reveal interests in any other areas of employment?

SUMMARY AND RECOMMENDATIONS:

Date the report content was reviewed with the customer or their representative/guardian:

CRP Signature

Date Completed