



On-the-Job Report

06/2025

Client: _____

VR Specialist: _____

Job Coach (if used): _____

Client's Job Title: _____

Work Site/Company: _____

Report Period From: _____ To: _____

Using the scale below, base your ratings on the individual's current level of functioning.

0. Unable to Complete Tasks/Goals

- 1. Requires Support** - Significant improvement needed, rarely able to complete tasks/goals. Requires near full-time support.
- 2. Developing** - Sometimes demonstrates competencies, requires frequent prompting and supports.
- 3. Average** - Able to complete tasks/goals most of the time with little prompting.
- 4. Above Average** - Consistently performs tasks/goals independently to supervisor's standards.
- 5. Exceeds** - Always completes tasks/goals independently, quality is excellent, role model for others.

Attendance: (Is the individual on time, returns to work on time from breaks, calling in to correct person(s), calling in for only appropriate reasons, and working scheduled days?)

Comments/Explanations: _____ **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Compliance: (Does the individual complete tasks as directed, check for understanding, when necessary, follow policies and workplace rules, use technology or other personal items at proper times, and respect authority?)

Comments/Explanations: _____ **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Production: (Does the individual arrive prepared to work, work steadily without prompting, initiate next task, easily learn tasks in an acceptable time frame, produce quality work, able to stay on task and follow a schedule?)

Comments/Explanations: _____ **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Teamwork: (Is the individual able to cooperate with co-workers, participate in team activities, negotiate professionally, and accept direction and feedback?)

Comments/Explanations: _____ **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Hygiene: (Is the individual dressed appropriately for work and well-groomed? e.g., no body odor, hair combed, clean appearance, teeth brushed, and clothing is neat/clean or adequate for job site?)

Comments/Explanations: **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Interpersonal/Social Skills: (Does the individual interact well with co-workers and customers both verbally and non-verbally, do they recognize and respect commonly accepted social cues and personal boundaries, can they be appropriately assertive, and do they demonstrate good active listening skills?)

Comments/Explanations: **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Work Tolerance: (Is the individual tolerant of the work environment (e.g. lights, sounds, uniforms/dress code, smells), does the individual demonstrate the physical and/or emotional ability and willingness to perform the required tasks for the duration of the workday, and can the tasks safely be completed?)

Comments/Explanations: **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Transition: (Is the individual able to adjust to unscheduled changes in routine and make adjustments, if interrupted is he/she able to return to task, follow a sequential order to complete tasks, use independent problem solving when reacting to situations, and demonstrate he/she can conform to immediate needs of the business?)

Comments/Explanations: **Rating** _____ 0 (Unable to Complete) through 5 (Exceeds)

Point Total: _____/40

ATP: (Were ATP devices used/needed/recommended for individual? If so, explain. Are further ATP referrals needed?)

Plans/Next Steps:

Completed by (VR Specialist)	Information Provided By:	Date
Reviewed with Client and Team: _____	Client Signature	Date