

# INDEPENDENT LIVING ASSESSMENT

## WORK·SITE NEEDS/ACCOMMODATIONS

Name: \_\_\_\_\_ Date \_\_\_\_\_

ASSESSMENT CRITERIA	DIFFICULTIES AND RECOMMENDED SOLUTIONS
<b>Not Employed Yet:</b>	
If you are considering employment, what general accommodations would you need?	
What modifications would you need?	
What assistive technology would you need?	
Do you currently have equipment that you could use at a work-site?	
How would you present your work-site modification or equipment need to an employer?	
Does the individual experience fatigue that might interfere in persistent effort at work or home?	
Do you know how you will fund your needs?	
Could you approach your employer about assisting with the cost of your needs?	
Is there a resource other than the employer or Vocational Rehabilitation that could help with funding this need? (Examples: insurance, HHS programs, VA, etc.)	

<b>To Maintain Job:</b>	
What types of modifications or equipment do you need to maintain your job?	
How would you present your work-site modification/equipment need to your employer?	
Can you voice your needs independently, or do you need assistance in visiting with your employer?	
Do you know how you will fund your needs?	
Could you approach your employer about assisting with the cost of your needs?	
Is there a resource other than the employer or Vocational Rehabilitation that could help with funding this need? (Examples: insurance, HHS programs, VA, etc.)	