



Educational Evaluation Report Review and Functional Limitation Statement Impediment to Employment

Client Name: _____

Date Reviewed: _____

Following review of the attached report[s], the conditions detailed therein continue to exist and constitute a substantial impediment to employment for the above named individual.

These conditions would present as the following limitations in functional capacity checked below:

Communication:

- Communication: Unable to communicate verbally.
- Communication: Unable to use formal language of any type (spoken or sign).
- Communication: Does not readily understand others.
- Communication: Not readily understood by others.
- Communication: Unable to converse via telephone.
- Communication: Unable to initiate or sustain conversation.
- Communication: Conversation may be limited to single words or short phrases.
- Communication: Speech is rambling or illogical.
- Communication: Talks and interrupts excessively.
- Communication: Unable to follow written instructions or interpret written materials.
- Communication: Other. Explain: _____

Interpersonal:

- Interpersonal: Unable to understand/demonstrate interaction or behavior appropriate to a worksite.
- Interpersonal: Insufficient psychological/social interaction for participation in desired activities.
- Interpersonal: Unable to determine appropriate social response to others.
- Interpersonal: Isolation/withdrawal from co-workers.
- Interpersonal: Unable to effectively resolve conflict with co-workers.
- Interpersonal: Spotty, intermittent work history.
- Interpersonal: Other. Explain: _____

Mobility:

- Mobility: Unable to use public transportation.
- Mobility: requires assistance getting around community.
- Mobility: Unable to read street signs or bus schedules.

- ___ Mobility: Unable to recall basic location directions.
- ___ Mobility: Unable to travel due to psychological impairment.
- ___ Mobility: Unable to manage time independently.
- ___ Mobility: Unable to plan travel to work.
- ___ Mobility: Balance/gross motor coordination issues impede preparation/participation in work/training.
- ___ Mobility: Other. Explain: _____

Self-Care:

- ___ Self-Care: Needs monitoring to prevent injury.
- ___ Self-Care: History of poor decision making or unaware of consequences of behavior.
- ___ Self-Care: Requires personal care attendant.
- ___ Self-Care: Unable to manage money or finances.
- ___ Self-Care: Other. Explain: _____
- ___ Self-Direction: Requires levels of supervision not consistent with competitive employment.
- ___ Self-Direction: Cognitive deficits impairing work quality or productivity.
- ___ Self-Direction: Other. Explain: _____

Work Skills:

- ___ Work Skills: Reading, spelling, math at/below 5th grade level.
- ___ Work Skills: Difficulty learning new tasks.
- ___ Work Skills: Limited task sequence recall ability.
- ___ Work Skills: Requires accommodations or Rehabilitation Technology.
- ___ Work Skills: Significantly reduced speed.
- ___ Work Skills: Other. Explain: _____

Work Tolerance:

- ___ Work Tolerance: Unable to sustain attention sufficient to perform essential functions of job.
- ___ Work Tolerance: Lacks physical or emotional stamina to perform essential functions of job.
- ___ Work Tolerance: Misses more than two (2) days each month.
- ___ Work Tolerance: Other. Explain: _____

Name (Please Print): _____

Signed: _____

Position: _____

Credentials: _____