**Functional Limitation Statement Impediment to Employment**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional capacities are life activities or skill areas in which the ability to function is significant to successful independence and/or employment. Eight Such areas have been defined by the Office of Vocational Rehabilitation for the purpose of identifying functional limitations and determining the severity of an individual’s disability.

These areas are as follows:

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| Interpersonal Skills | Self Direction |
| Mobility | Communication |
| Motor Skills | Work Tolerance |
| Self Care | Work Skills |
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**NOTE:** *The lists below provide examples only and should not be used to exclude an individual who may qualify for VR services. This information includes the Division of Vocational Rehabilitation’s definitions of functional capacity areas. This information can be incorporated within a variety of special education documents such as the Individual Education Program (IEP), psychological reports or vocational assessment summaries.*

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| INTERPERSONAL:The ability to establish and maintain positive personal, family and community relationships necessary to work. |

* Unable to understand/demonstrate interaction or behavior appropriate to a worksite.
* Insufficient psychological/social interaction for participation in desired activities.
* Unable to determine appropriate social response to others.
* Isolation/withdrawal from co-workers.
* Unable to effectively resolve conflict with co-workers.
* Spotty, intermittent work history.
* Unable to handle criticism.
* Uncomfortable in social situations.
* Personal appearance problems that are outside of norms.
* Unable to manage frustration encountered on the job/ can overreact or withdraw.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| MOBILITY: The physical and psychological ability to move from place to place inside and outside the home. |

* Unable to use public transportation.
* Requires assistance getting around community.
* Unable to read street signs or bus schedules.
* Unable to recall basic location directions.
* Unable to travel due to psychological impairment.
* Unable to manage time independently when following schedule is necessary.
* Balance/gross motor coordination issues impede preparation/participation in work/training.
* Limitations in understanding directions, organization, sequencing and/or planning that impacts ability get to and from worksite.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| MOTOR SKILLS: The purposeful movement and control of the body and its members to achieve results.  |

* Difficulty with the use of upper extremities to obtain, control and use objects.
* Has partial or total loss of functioning in one or both upper extremities.
* Experiences loss of control and coordination of fine/gross motor movement.
* Difficulty performing activities of daily living such as feeding, with or without the use aids/prosthesis.
* Unable to perform tasks at a competitive work pace.
* Moves slower than average or fatigues easily.
* Has involuntary movement that interferes with the ability to control and coordinate muscles.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SELF-CARE: The ability to care for self and living environment. |

* Needs monitoring to prevent injury.
* History of poor decision making or unaware of consequences of behavior.
* Requires personal care attendant.
* Problems with reasoning, processing, and cognition around basic needs decisions: health, grooming, dressing, nutrition and safety.
* Difficulties in math and reading that impact management of finances, transportation, and health care.
* Home modifications required to perform self-care tasks.
* Impaired ability to apply past experiences and learning to decision making.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SELF-DIRECTION: The ability to regulate behavior in a purposeful and predictable way, taking into account personal goals, environmental conditions, cultural values and expectations. |

* Impaired ability to follow directions.
* Impaired ability to identify logical steps necessary to reach goals.
* Impaired ability to complete tasks, locate work stations or work independently.
* Requires levels of supervision inconsistent with competitive employment.
* Inability to seek help when needed or initiate work activity.
* Inability to use feedback to improve or correct work performance.
* Inability to sustain effort especially when confronted with a problem or change.
* Inability to make decisions independent of others.
* Impaired ability to understand and change behavior as a result of consequences.
* Difficulty understanding and meeting realistic job expectations.
* Difficulties initiating work and working independently.
* Difficulties shifting from one work activity to another with purpose.
* Cognitive deficits impairing work quality or productivity.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| COMMUNICATION: The ability to exchange (give and receive) information. |

* Unable to communicate verbally speaking or understanding.
* Speech and verbal language is difficult to understand.
* Unable to converse via telephone.
* Unable to initiate or sustain conversation.
* Conversation may be limited to single words, short phrases or illogical rambling.
* Talks and interrupts excessively.
* Unable to follow written instructions or interpret written materials.
* Unable to communicate needs effectively.
* Unable to understand instructions and expectations.
* Difficulties generalizing, transferring, and/or assimilating information.
* Illegible handwriting
* Inability to prepare work related documentation due to organizational or writing difficulties.
* Unable to describe skills, work, and education on an application or during employment interviews.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| WORK TOLERANCE: The capacity to meet the physical and psychological demands of work. |

* Unable to sustain attention sufficient to perform essential functions of the job.
* Lacks physical or emotional stamina to perform essential functions of the job.
* Misses more than two days each month.
* Has low level of capacity or endurance due to physical or mental limitations.
* Difficulties managing employment stress environments.
* Needs frequent breaks or modified work schedule. (less than in standard employment)
* Inability to remain in one physical location for extended time periods without fidgeting, feeling restless, or fleeing the site.
* Difficulties ignoring normal background noise that prevents focus on the work task.
* Difficulties establishing and/or maintaining relationships with co-workers and supervisors.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| WORK SKILLS: The capacity to learn and perform tasks.  |

* Reading, spelling, math significantly impaired.
* Impaired ability to benefit from instruction, modeling, demonstration or experience to learn work tasks.
* Impaired task-sequence recall.
* Impaired ability to refocus after interruption.
* Requires accommodations or Rehabilitation Technology.
* Difficulties conforming to established rules or norms.
* Impaired ability to remain aware of and adhere to work safety guidelines.
* Impaired ability to generalize learning from one job task to another.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_