

**DISABILITY REPORT**

(Information will be kept confidential)

The Colorado Division of Vocational Rehabilitation helps people with physical and mental impairments obtain and retain employment. To be eligible for DVR services the disability must create a barrier to employment. This report will be used to help determine this individual's eligibility for DVR services and to help develop their vocational plan. Please indicate how the limitations may affect the individual's ability to prepare for, obtain and/or maintain employment.

**APPLICANT/PATIENT IDENTIFICATION (To be completed by counselor)**

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth
			XXX-XX-	
Address (Number and Street)			City	State CO
Zip Code				
Applicant reports the following conditions and limitations:			Usual Occupation	

**REPORT OF FINDINGS:**

Type of disability and areas where individual has required support in the past:	
Diagnostic Impressions (where applicable): Axis I Axis II Axis III Axis IV Axis V	Medications (if any):

<b>Strengths:</b>

Provider's Signature	Printed Name & Title	Date Signed
Psychologist's Signature	Printed Name & Title	Date Signed
Other Signature	Printed Name & Title	Date Signed

To be eligible for rehabilitation services, the disability must create an impediment to getting or keeping a job. The disability is permanent or expected to be permanent. Please indicate how limitations in the following major life areas affect or may affect this individual's ability to obtain and/or maintain employment.

<p align="center"><b>Major Life Areas Check if limited</b></p>	<p align="center"><b>Please check all that apply</b></p>
<p><input type="checkbox"/> <b>Mobility:</b></p> <p>An individual's physical access to their environment, through their own ability or with assistance from others, including travel. Does not include lack of driver's license, location or availability of transportation.</p>	<p><input type="checkbox"/> A1-Not capable of independently leaving the home / moving in community. Requires assistance or monitoring for mobility.</p> <p><input type="checkbox"/> A2- Employs method for independent mobility requiring extensive training (cane, service animal, orientation &amp; mobility training)</p> <p><input type="checkbox"/> A3- Independently mobile but requires use of long-term mobility device (prosthetic, wheelchair, scooter - excludes cane, walker, crutch)</p> <p><input type="checkbox"/> A4- Presently / Recurrently has limitations that require assistance to leave home or navigate community</p> <p><input type="checkbox"/> A5- Other than described above, diminished ability to independently walk, climb stairs or ladder</p>
<p><input type="checkbox"/> <b>Communication</b></p> <p>Ability to give and receive information through language (writing, speaking, listening, sign language or other methods). Sensory, physical, cognitive or psychological impairment. Limitations from language or cultural differences are not considered.</p>	<p><input type="checkbox"/> B1- Non-verbal or substantially limited in use of formal language within chosen mode of communication. Includes person who requires intermediary with history of the individual.</p> <p><input type="checkbox"/> B2- Requires a method to supplement/replace spoken / text based interactions through alternate sensory mode. (Braille, sign language)</p> <p><input type="checkbox"/> B3- Not capable of reading / writing at basic levels (tax forms, newspaper, applications) regardless of accommodations</p> <p><input type="checkbox"/> B4- Limited capacity to retain verbal / written communication affecting ability to follow through with instructions or tasks</p> <p><input type="checkbox"/> B5- Limited expressive / receptive language skills resulting in not being understood by others or misinterpretation of verbal/written communication. Adversely affects personal and work interactions.</p> <p><input type="checkbox"/> B6- Capable of reading / writing but requires accommodations or assistive technology for access (screen reader, alternative formats, captioning or note-taker)</p> <p><input type="checkbox"/> B7- Avoidant of common social interaction to extent that employment / training opportunities would be affected.</p>
<p><input type="checkbox"/> <b>Self-Care</b></p> <p>Ability to care for oneself and one's own living environment to participate in training or work. (Eating, toileting, grooming, dress, money management) Includes managing medical and safety needs. Limitations occur because of physical, cognitive or emotional limitations</p>	<p><input type="checkbox"/> C1- Requires total / near total physical assistance, supervision or prompting to dress or attend to personal hygiene</p> <p><input type="checkbox"/> C2- Requires more than typical effort / exertion (manner, duration, intensity) to bathe, dress, eat, use restroom, get in / out of bed</p> <p><input type="checkbox"/> C3- Has episodic declines in functional capacities (physical or psychological causes) where self-care abilities diminished or requires partial assistance or intervention</p> <p><input type="checkbox"/> C4- Requires assistance with ADL's (chores, finances, shopping)</p> <p><input type="checkbox"/> C5- Frequent / episodic difficulties that complicate / diminish personal hygiene</p> <p><input type="checkbox"/> C6- Requires time consuming or precise daily care routine / regiment which limits schedule or flexibility</p>
<p><input type="checkbox"/> <b>Self-Direction</b></p> <p>Ability to plan, initiate, problem-solve, organize or carry out goal directed activities to degree necessary to work. Consider age and grade level appropriateness.</p>	<p><input type="checkbox"/> D1- Lacks capacity to know, plan or act on a course of action based on personal values or goals</p> <p><input type="checkbox"/> D2- Lacks impulse control or limited abilities to self-correct, anticipate outcome of negative choices and/or change behavior</p> <p><input type="checkbox"/> D3- Lacks judgment or inability to recognize / avoid risky or unsafe conditions.</p> <p><input type="checkbox"/> D4- History of negative consequences resulting from difficulties with independent planning / managing /tasks / unrealistic expectations. Can include distortion or refusal to accept capacities and limitations.</p> <p><input type="checkbox"/> D5- Limitations with handling and managing personal affairs. Requires frequent or periodic support or reminders</p> <p><input type="checkbox"/> D6- Has difficulty remaining on task or easily distracted which has resulted in a negative impact upon performance in past work or training</p>

<p><input type="checkbox"/> <b>Interpersonal Skills</b></p> <p>Ability to establish and maintain personal, family and community relationships as they affect or are likely to affect job performance and security.</p>	<p><input type="checkbox"/> E1- Current / recurrent patterns of aggressive, violent, oppositional or disruptive actions leading to conflicts with authorities resulting in diminished opportunities for employment</p> <p><input type="checkbox"/> E2- Current / recurrent pattern of problematic behavior (aggression, impulsiveness, irresponsibility, hostility, hallucinations, delusions, emotional immaturity, poor judgment, lack of empathy) that interferes with the ability to maintain employment.</p> <p><input type="checkbox"/> E3- Engages in socially inappropriate, excessive, illogical, irrelevant speech or behaviors resulting in negative consequences (exclusion from group, fired from job)</p> <p><input type="checkbox"/> E4- Problems with perception of social cues and boundaries which negatively affect workplace relationships</p> <p><input type="checkbox"/> E5- Reoccurring history of difficulty controlling and managing emotions in context of interpersonal relationships or public settings resulting in negative consequences</p> <p><input type="checkbox"/> E6- Exhibits social isolation or withdrawal that diminishes vocational opportunities</p> <p><input type="checkbox"/> E7- Easily led or influenced by others with negative vocational consequences</p>
<p><input type="checkbox"/> <b>Work Tolerance</b></p> <p>Capacity to meet the physical, cognitive, and psychological demands of work. Limitations due to physical disability, stamina/fatigue, pain management, effects of medication, psychological or other impairment related factors.</p>	<p><input type="checkbox"/> F1- Endurance related limitation that requires part time work, job-sharing, working from home or other strategy</p> <p><input type="checkbox"/> F2- Experiences episodic / unpredictable changes in capacity that limit or are likely to limit work availability</p> <p><input type="checkbox"/> F3- Has limitation in tolerance for certain environmental conditions that reduces opportunities for workplace participation or time spent at a particular location</p> <p><input type="checkbox"/> F4- Limited to a range of jobs with sedentary/light physical activity or low-stress to sustain work activities</p> <p><input type="checkbox"/> F5- Often takes longer to perform / complete tasks due to disability, affecting manner, duration and intensity of physical or mental exertion</p> <p><input type="checkbox"/> F6- Dependent on assistive technology, accommodations, or other strategies for endurance or stamina</p>
<p><input type="checkbox"/> <b>Work Skills</b></p> <p>Ability to do specific tasks for job functions, including the capacity to learn / or perform job tasks</p>	<p><input type="checkbox"/> G1- Limitations that need long term job supports (beyond case closure) for satisfactory job performance</p> <p><input type="checkbox"/> G2- Likely to require repetitive, intensive, or hands on instruction to learn job duties. Once trained is <b>NOT</b> likely to need ongoing support.</p> <p><input type="checkbox"/> G3- Cannot reliably perform basic arithmetic (simple mental math, time estimates, making change)</p> <p><input type="checkbox"/> G4- Diminished capacity to apply previously learned skills. Difficulty generalizing from one task to another across varied settings.</p> <p><input type="checkbox"/> G5- Capable of basic arithmetic and mathematical reasoning, but below level needed for effective job performance. Needs accommodations or other strategy to compensate</p> <p><input type="checkbox"/> G6- Lacks appropriate understanding of workplace rules, customs, etiquette (attendance, appropriate language / conversations, respect to others, accepting constructive criticism)</p> <p><input type="checkbox"/> G7- Limitations that require rehabilitation technology to participate in training or to perform essential job functions</p>

**Motor Skills**

Purposeful movement and control of the body necessary to obtain and maintain employment, including the capacity to perform work tasks at an acceptable pace

- H1- Total loss of functioning of one or both upper extremities to obtain, control, and use objects
- H2- Partial loss of functioning in one or both upper extremities to obtain, control, and use objects
- H3- Limitations of performing tasks at a competitive work pace due to a loss of function in upper or lower extremities
- H4- Involuntary movements that interfere with control and coordination of muscles
- H5- Requires more than typical effort or exertion (control, manipulation, frequency, intensity) to perform work tasks.
- H6- Is dependent upon assistive technology, accommodations or other strategies due to loss of motor skills
- H7- Lacks ability to control and coordinate fine and/or gross motor movement

**RECOMMENDATIONS AND/OR ADDITIONAL INFORMATION**

In your opinion, can this person engage in the following occupation?

Yes

No

Reasons: