

Worker Role Interview Summary Form

Name of client: _____ Client date of birth: _____ Client condition/diagnosis: _____ Date of assessment: _____
 Name of therapist: _____ Purpose of Evaluation: _____ Initial Evaluation _____ Discharge Evaluation _____
 Client is rated relative to his/her previous job Client is rated relative to return to work in general

Strongly Supports	Supports	Interferes	Strongly Interferes	Non-Applicable
SS	S	I	SI	N/A
Strongly supports client returning to previous employment or finding and keeping work in general	Supports the client returning to previous employment or finding and keeping work in general	Interferes with the client returning to previous employment or finding and keeping work in general	Strongly interferes with the client returning to previous employment or finding and keeping work in general	Not applicable or not enough information to rate
1. Assesses abilities and limitations			SS	I SI N/A
2. Expectation of job success			SS	I SI N/A
3. Takes responsibility			SS	I SI N/A
4. Commitment to work			SS	I SI N/A
5. Work-related goals			SS	I SI N/A
6. Enjoys work			SS	I SI N/A
7. Pursues interests			SS	I SI N/A
8. Appraises work expectations			SS	I SI N/A
9. Influence of other roles			SS	I SI N/A
10. Work habits			SS	I SI N/A
11. Daily routines			SS	I SI N/A
12. Adapts routine to minimize difficulties			SS	I SI N/A
13. Perception of work setting			SS	I SI N/A
14. Perception of family and peers			SS	I SI N/A
15. Perception of boss			SS	I SI N/A
16. Perception of co-workers			SS	I SI N/A

Key comments:
