**Functional Vocational Evaluation**

Month:

Student Name: Work Site:

Date: Worksite Coach:

Tasks Performed (be specific):

Rating Scale: 4 = very good or high; 1 = poor or low

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| WORK SKILLS AND HABITS | VERY GOOD | GOOD | FAIR | POOR | COMMENTS |
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Very Good = Independent, required no assistance

Good = requires minimal assistance, completes 75% of task independently

Fair = required moderate assistance, completes 50% of task independently

Poor = requires maximum assistance, completes 25% of task independently

Additional comments about the week or specific tasks that the students had difficulty with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_