

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Trial Work Experience
ASSESSMENT REPORT

Reporting Month and Year: November 2025
☐ Interim Report ☒ Final Report ☐ Assessment Not Completed
Vendor Company Name: ABC Vendor CompanyVendor Representative's Name: Rosalie RepresentativeVR Client Name: Carmen ClientVR Counselor Name: Jane CounselorDVR Purchase Order #: 07000007Total Hours on Purchase Order for TWE: 50TWE Hours Used During Reporting Month: 42.25**Assessment Site Information**Name of Site #1/Employer's Name: XYZ CompanyLocation/Address: 434 Employed Ave., Honolulu, HI, 96804Job Position Assessed: General Employment PositionJob Position Responsibilities: (List all job responsibilities, i.e. file papers, provide information to customer, etc.)Name of Site #2/Employer's Name: QRS CompanyLocation/Address: 2525 Anywhere Ln., Honolulu, HI, 96795Job Position Assessed: General Employment PositionJob Position Responsibilities: (List all job responsibilities, i.e. file papers, provide information to customer, etc.)

Enter the VR Client's actual days of attendance for the reporting month:

Date	1	2	3	4	5	6	7	8	9	10	11
Start Time	_____		<u>1pm</u>	<u>2pm</u>	<u>2pm</u>	<u>1pm</u>	<u>10:30a</u>	_____	_____	<u>1p</u>	<u>2</u>
End Time	_____		<u>1:45pm</u>	<u>6pm</u>	<u>6pm</u>	<u>5pm</u>	<u>2:30p</u>	_____	_____	<u>5p</u>	<u>6</u>
Hours	_____		<u>0.75</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	_____	_____	<u>4</u>	<u>4</u>
Location:	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R

Date	12	13	14	15	16	17	18	19	20	21	22
Start Time	_____	<u>1pm</u>	<u>10:30am</u>	_____	_____	<u>9am</u>	<u>9am</u>	_____	_____	_____	_____
End Time	_____	<u>5pm</u>	<u>2:30pm</u>	_____	_____	<u>12pm</u>	<u>12pm</u>	_____	_____	_____	_____
Hours	_____	<u>4</u>	<u>4</u>	_____	_____	<u>3</u>	<u>3</u>	_____	_____	_____	_____
Location:	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Trial Work Experience
ASSESSMENT REPORT

Date	23	24	25	26	27	28	29	30	31		
Start Time	_____	_____	_____	_____	12pm	_____	_____	_____	_____		
End Time	_____	_____	_____	_____	3:30pm	_____	_____	_____	_____		
Hours	_____	_____	_____	_____	3.5	_____	_____	_____	_____		
Location:	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R		

Evaluate how any of the follow affect the VR Client's ability to attend work, complete work tasks, concentrate, operate heavy machinery, learn new tasks and/or communicate, etc.:

Prescribed Medications: VR Client takes QRX in the morning and was observed to be drowsy when attending work at 8:30am due to residual drowsiness. Recommend VR Client discuss with medical provider medication side effects as they relate to working

Vision (Difficulty Seeing): N/A (this section can be used to note VR Client has glasses, contacts, or appears to be having trouble seeing small print and will need large print materials or braille, etc.)

Hearing (Difficulty Hearing): N/A (this section can include things like VR Client has hearing aids but struggles hearing on the telephone, VR Client can't hear well with a lot of background noise, VR Client is deaf and requires alternative communication such as Sign Language, etc.)

Mobility (Restrictions on Mobility): VR Client uses an electric wheelchair to assist in mobility due to rigidity in leg joints. VR Client will need accessible working environment with appropriate ramps to access the buildings.

Provide information specific to the VR Client's performance in the following core areas, documenting accommodations provided, functional limitations, and recommended interventions, if any, to enable the VR Client to obtain and maintain competitive, integrated employment

1. Communication

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client struggled to communicate with co-workers and employer due to not having all the needed vocabulary on her I-pad regarding her employment tasks and lack of accommodation awareness by location staff during the first week of assessment at job site XYZ Company and at job site QRS Company. VR Client was observed with signs of frustration such as getting red in the face and over exaggerated shaking of head yes or no when unable to get her co-workers to understand using her communication board

Accommodations/Support provided: Provided some disability education to VR Client, staff, and supervisor about to allow VR Client time to communicate better.

Recommended supports, interventions, or accommodations for successful employment outcome: Recommended assessment of needed assistive devices and employment match prior to competitive employment. Additionally,

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Trial Work Experience
ASSESSMENT REPORT

recommend addition of various employment terms be added to VR Client's communication device prior to working and be evaluated on employment site for any needed additional words. It may also be necessary for staff in work environment to be trained depending on employment environment. VR Client will need information presented in more visual materials.

2. Teamwork

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client was observed working with co-workers on tasks but struggled in communicating effectively with co-workers and employer due to communication needs at QRS Company and at XYZ Company. Co-workers and employer did mention they appreciated VR Client's willingness to help out with tasks when she was able to complete the task.

Accommodations/Support Provided: See communication

Recommended supports, interventions, or accommodations for successful employment outcome: Recommended employer and co-worker education.

3. Critical Thinking and Problem Solving

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client struggled with any change in task routines at XYZ Company. VR Client was observed to revert to previous task routine even after new routine had been explained and demonstrated several times within a single day. It took VR Client four to five days for the new routine to be understood and then she was still making errors and took 30 to 40 minutes more than peers to complete the tasks where the routine had changed.

Accommodations/Support Provided: VR Client was provided individual instruction on new routines and changes in routine were demonstrated multiple times to assist in re-enforcing change.

Recommended supports, interventions, or accommodations for successful employment outcome: Recommend VR Client have a vendor rep to provide multiple demonstrations of routines.

4. Task and Time Management

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client was observed to be unable to keep up with the demands of the employer for task presented by the employer based on client missing 8 out of 9 employer deadlines.

Accommodations/Support Provided: VR Client was reminded to use I-pad calendar to assist in maintaining deadlines.

Recommended supports, interventions, or accommodations for successful employment outcome: Recommended alternate assessment for technology that can assist VR Client as calendar was not effective.

5. Attendance

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client arrived late at XYZ Company due to ride scheduling issues with family and did not show up on

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Trial Work Experience
ASSESSMENT REPORT

11/12 and 11/19 due to illness. VR Client did notify Vendor Representative 15 minutes prior to shift. VR Client was observed to be on time at both sites. VR Client was absent without calling to let employer know for 0 days of the assessment. VR Client had to leave early from shift on 11/27 at XYZ Company due to a re-scheduled doctor's appointment. Employer was notified accordingly.

Accommodations/Support Provided: None

Recommended supports, interventions, or accommodations for successful employment outcome: VR Client could benefit from support with scheduling missed days for doctor's appointment and instruction on how to appropriately call out of work.

6. Managing Symptoms or Effects of Disability

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client was observed to be having some issues with tremors when attempting to complete employment tasks at XYZ Company and at QRS Company. VR Client was able to complete her tasks but needed an extended time frame to complete the task.

Accommodations/Support Provided: None

Recommended supports, interventions, or accommodations for successful employment outcome: Recommend VR Client may benefit from learning more about her disability and how it might affect her choice of employment.

7. Appearance and Hygiene

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client appeared at both worksite locations dressed inappropriately in jeans and flip flop shoes the first four days of training which was addressed with VR Client at each of the occurrences by pointing out the appropriate dress on others and verbal repeating appearance requirements for employment setting of black slacks and white button down shirt. VR Client arrived at worksite QRS Company on day 5 appropriately dressed in black slacks and white button down shirt. VR Client had no incidents of hygiene issues while working and maintained clean hair, body and clothing throughout assessment.

Accommodations/Support Provided: VR Client required visual example of appropriate dress and repetitive reminding to meet employment appearance standards.

Recommended supports, interventions, or accommodations for successful employment outcome: Recommend job coaching to re-enforce employment appearance standards and repeated visual examples to assist VR Client in maintaining appropriate dress on the job.

8. Self-Management

Observations (at a minimum, include barriers to employment identified, VR Client's abilities and capacity to perform in work situations): VR Client observed taking breaks outside of break times at XYZ Company and at QRS Company. VR Client struggled to maintain a consistent and focused work pace and appeared to be distracted by the conversations of co-workers around her. VR Client was able to complete repetitive tasks with consistency and accurately follow directions

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Trial Work Experience
ASSESSMENT REPORT

provided by employer on task when provided visually and modeled several times at XYZ Company.

Accommodations/Support Provided: Vendor Rep modeled required tasks four times for VR Client to be clear on instructions.

Recommended supports, interventions, or accommodations for successful employment outcome: VR Client will need visual instructions and repetition of activity several times to complete tasks. It is also recommended that the VR Client have a workspace that is away from regular co-worker traffic to avoid distraction.

Results of Trial Work Experience Assessment (To Be Completed on Final Report)

Is the VR Client capable of participating in Competitive Employment in an integrated setting?

- ☒ Yes - If applicable, comments: _____
☐ No - Comment on the clear and convincing evidence that led to this conclusion: _____
☐ Unable to determine, needs further evaluation - Provide recommendations: _____

Will the VR Client benefit from additional VR services in terms of an employment outcome due to the severity of the disability?

- ☒ Yes - If applicable, comments: VR Client would benefit from Supported Employment.
☐ No - If applicable, comments: _____
☐ N/A due to VR Client being unable to participate in employment - If applicable, comments: _____

If services are finished and a Final Report was not completed, explain why: _____

VR Client Signature: Carmen Client Date: 11/27/25

VR Client Guardian/Representative Signature: _____ Date: _____

(if applicable):

Other (if applicable): _____ Date: _____

Vendor Representative Signature: Rosalie Representative Date: 11/27/25

VR Counselor Signature: Jane Counselor Date: 11/27/25