**Transition Services**  
**Community Site Analysis Form**  
-adapted from Elwyn Education Division

| Company Name _________________________________ | Contact Person/Supervisor: _________________________________ |
| Address: ____________________________________ | Telephone #: _________________________ Email: ______________ |
| Fax #:: ________________________ | Status: how long? |

**Title of Activity:**

**Hours of Activity:** (specific days and hours per day or hours per week)

**Description of Responsibilities:** essential functions and duties that cannot be assigned to others:

______________________________________________________________________________________________________________

_______________________________________________________________________________

_____________________________________________________________________________________________________________________

___________________________________________________________________________________________

Describe the schedule of activities (Is there a consistent routine? How often do tasks change?):

______________________________________________________________________________________________________________

Clothing Requirements: (circle) Uniform Casual Business Additional Comments: ________________________________

Appearance Requirements: Grooming less important Cleanliness less required Neat and Clean required

Comments: _____________________________________________________________________________________________

**Physical Demands:** How long will person sustain activity?

Break after 1 hour  Break after 1½ hrs.  Break after 2 hours  Break after 3 hrs.  Break after 4 hrs.

Comments (where and how long is break):

______________________________________________________________________________________________________________

Describe Movements Involved:  

<table>
<thead>
<tr>
<th>Scoring</th>
<th>1- NA</th>
<th>0% of the time</th>
<th>2- Rarely</th>
<th>&lt; 5% of the time</th>
<th>3- Occasionally</th>
<th>&lt; 25% of the time</th>
<th>4- Frequent</th>
<th>&gt; 25% of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balancing</td>
<td>1 2 3 4</td>
<td>Carrying 1 2 3 4</td>
<td>Climbing 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawling</td>
<td>1 2 3 4</td>
<td>Crouch/Stoop 1 2 3 4</td>
<td>Driving 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine motor</td>
<td>1 2 3 4</td>
<td>Kneel 1 2 3 4</td>
<td>Reach Overhead 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td>1 2 3 4</td>
<td>Standing 1 2 3 4</td>
<td>Walking 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: _____________________________________________________________________________________________

Technical Skills: Equipment (specify) _____________________ Tools (specify) _____________________

Computer (specify) _____________________ Software used (specify) _____________________

Telephone _____________ Other _____________________

**Safety Measures:** List precautions needed (identify if training is available)

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________
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### Lifting

<table>
<thead>
<tr>
<th>Weight Range</th>
<th>NA</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Heavy (over 100 pounds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy (50-100 pounds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium (25-50 pounds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light (10-25 lbs.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pace of Activity (circle)

- Slow
- Steady
- Moderately fast
- Continual fast pace

**Comments:**

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### Mobility

- Stay in one space in room
- Stay in one room
- Move throughout building
- Move through more than one building
- Multiple sites (buildings and/or grounds)

**Comments/Description of Physical Space:**

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### Cognitive Demands:

**Scoring**

- 1- Not Applicable: 0% of the time
- 2- Rarely: < 5% of the time
- 3- Occasionally: <25% of the time
- 4- Frequent: >25% of the time

<table>
<thead>
<tr>
<th>Skill</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning/Sequencing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Define problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Identify solutions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Multi-tasking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Act quickly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*Specify writing skills: short note, brief forms, specific information on form, records, memos, letters, progress, notes, detailed forms, etc.

*Specify reading comprehension: work orders, instructions, notes, forms, letters, manual, diagrams, etc.

*Specify math skills: add, subtract, multiply, divide, percentage, ratio, tax, average, math formula, statistical equations, etc.

**Other Comments:**
## Transition Services

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### Social Demands:

<table>
<thead>
<tr>
<th>Social Interaction Required (circle):</th>
<th>NA</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Interaction (circle all appropriate):</td>
<td>NA</td>
<td>Telephone</td>
<td>Face to Face</td>
<td>Work in small group</td>
</tr>
<tr>
<td>Contacts (circle):</td>
<td>Owner/Management</td>
<td>Supervisor</td>
<td>Co-workers</td>
<td>Customers/General public</td>
</tr>
</tbody>
</table>

Do interactions differ in different places within setting? ________________________________________________  
______________________________________________________________________________________________________

Note skills needed: (circle) Follow directions  
Greetings  
Identify customer needs  
Provide directions  
Ask for help  
Answer questions  
Ask questions  
Identify specifics:
______________________________________________________________________________________________________

### Environmental Conditions:

<table>
<thead>
<tr>
<th>Work:</th>
<th>Inside</th>
<th>Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions:</td>
<td>Size of work space</td>
<td>Ventilation</td>
</tr>
<tr>
<td>Noise (type, volume, frequency):</td>
<td>Vibrations</td>
<td>Bodily wastes and fluids</td>
</tr>
<tr>
<td>Dust/dirt</td>
<td>Grease/oil</td>
<td>Infectious disease/hygiene issues</td>
</tr>
<tr>
<td>Travel</td>
<td>Food stuffs</td>
<td>Animals</td>
</tr>
<tr>
<td>Vision/hearing (circle if present):</td>
<td>Brailed signage</td>
<td>written material</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wherever one of these is present, describe in detail: _____________________________________________________  
______________________________________________________________________________________________________

### Education & Age Requirements (grade level, specialized training, high school, age required, etc.) – if appropriate:

Job experience required: ____________________________________________________________  
Job training required: _______________________________________________________________  
Other requirements: Residency, Clearances, Health Screening, etc. __________________________  
Post-hire job training: (Describe training and identify trainer) ____________________________________________________________

**Supervisor:** Name of current supervisor ____________________________  
Job Title: ____________________________  
Does the position report to anyone else and who? ____________________________________________  
Level of supervision: Independent  
Rarely (2-4 contacts daily)  
Occasionally (5-10 contacts daily)  
Frequently (10+ to constant)  
Identify supervisor supports: Orientation  
Work Direction  
Assist with Problem Solving  
Assigns new jobs  
Oversees work  
Review work performance  
Evaluates work performance  
Provides disciplinary action as needed
Additional comments on supervisor: _____________________________________________________________________________________
___________________________________________________________________________________________________________________

Note accommodations (or lack of) for access and mobility (wheel chair, ramp, elevator, width of halls, etc.): __________________
____________________________________________________________________________________________________________________

Note evidence of accommodations already present for other employees: __________________
____________________________________________________________________________________________________________________

*Use this page for notes!

___________________________________________________________________________________________________________________
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