

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

Company Name \_\_\_\_\_ Contact Person/Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

**Title of Activity:** \_\_\_\_\_ **Status:** how long? \_\_\_\_\_

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: Scoring – 1- NA      0% of the time  
2- Rarely      < 5% of the time  
3- Occasionally      < 25% of the time  
4- Frequent      > 25% of the time

Balancing	1	2	3	4	Carrying	1	2	3	4	Climbing	1	2	3	4
Crawling	1	2	3	4	Crouch/Stoop	1	2	3	4	Driving	1	2	3	4
Fine motor	1	2	3	4	Kneel	1	2	3	4	Reach Overhead	1	2	3	4
Sitting	1	2	3	4	Standing	1	2	3	4	Walking	1	2	3	4

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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<b>Lifting</b>	<u>NA</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Frequently</u>
Very Heavy (over 100 pounds)	_____	_____	_____	_____
Heavy (50-100 pounds)	_____	_____	_____	_____
Medium (25-50 pounds)	_____	_____	_____	_____
Light (10-25 lbs.)	_____	_____	_____	_____

**Pace of Activity** (circle)    Slow Steady                      Moderately fast                      Continual fast pace  
 Comments: \_\_\_\_\_

**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: \_\_\_\_\_  
 \_\_\_\_\_

**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

Planning/Sequencing	1	2	3	4	*Written expression	1	2	3	4	Compare/classify	1	2	3	4
Define problem	1	2	3	4	*Reading comp.	1	2	3	4	Listen & perform	1	2	3	4
Identify solutions	1	2	3	4	*Math skills	1	2	3	4	Observe/get info.	1	2	3	4
Multi-tasking	1	2	3	4	Oral expression	1	2	3	4	Hearing	1	2	3	4
Act quickly	1	2	3	4	Memory	1	2	3	4	Vision	1	2	3	4

\*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: \_\_\_\_\_  
 \_\_\_\_\_

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**Social Demands:**

Social Interaction Required (circle): NA      Rarely      Occasionally      Frequently  
 Type of Interaction (circle all appropriate): NA      Telephone      Face to Face      Work in small group      Large group      Electronic  
 Contacts (circle): Owner/Management      Supervisor      Co-workers      Customers/General public      Other business people      Contractors/Suppliers  
 Do interactions differ in different places within setting? \_\_\_\_\_

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

**Environmental Conditions:** (circle issues & describe below)

Work:      Inside      Outside  
 Conditions:      Size of work space      Ventilation      Air Quality      Lighting      Temperature (range)  
 Noise (type, volume, frequency)      Vibrations      Bodily wastes and fluids      Chemicals/cleaning substances  
 Dust/dirt      Grease/oil      Infectious disease/hygiene issues      Moisture/steam      Odor      Smoke/fumes  
 Travel      Food stuffs      Animals      Other (specify) \_\_\_\_\_  
 Vision/hearing (circle if present): Brailled signage      written material      visual displays/cues      visual or auditory signals/beepers/alarms      TTY  
 Other  
 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

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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!**

DRAFT