

# Cognitive & Behavioral Capacities Evaluation Form

ALTERNATE FORMAT AVAILABLE

---

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_  
This employee's shift is \_\_\_\_\_ and \_\_\_\_\_ overtime  may  does not occur

The following estimate of capacities is based on a clinical evaluation of the employee.

The employee has no restrictions (if marked, sign the end of this form to complete it)

**COMPREHEND—Is the employee able to...**

work without restrictions or accommodations in this category (if marked, skip to next category)

**Articulate and comprehend information in conversation**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Read, comprehend, and use written materials**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Understand and solve problems involving math and use the results**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Use technology/instruments/tools & information systems**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**REMEMBER—Is the employee able to...**

work without restrictions or accommodations in this category (if marked, skip to next category)

**Remember spoken instructions**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Remember written instructions**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Remember visual information**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Recall information incidental to task at hand**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Memorize facts or sequences**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Remember simple instructions**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Remember detailed instructions**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**LEARN & PROCESS—Is the employee able to...**

work without restrictions or accommodations in this category (if marked, skip to next category)

**Effectively learn and master information from classroom training**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Effectively learn and master information from on-the-job training**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Learn from past directions, observations, and/or mistakes**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Use common sense in routine decision making**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Recognize and anticipate potential hazards and take precautions**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Think critically and make sound decisions**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Integrate ideas and data for complex decisions**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Determine and follow precise sequences**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Coordinate and compile data and information**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

**Analyze, synthesize data and information**

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

# COGNITIVE & BEHAVIORAL CAPACITIES EVALUATION FORM

## TASK & PLAN—Is the employee able to...

work without restrictions or accommodations in this category (if marked, skip to next category)

### Perform repetitive or short-cycle work

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Work under specific instructions

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Complete complex tasks

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Direct, control, or plan for others as necessary for basic tasks

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Direct, control, or plan for others as necessary for complex tasks

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Multi-task

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Plan, prioritize, and structure daily activities

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

## MAINTAIN ATTENDANCE AND AN ASSIGNED WORK SCHEDULE —Is the employee able to...

work schedules as assigned with no limitations indicated (if marked, skip to next category)

work the following restricted schedule \_\_\_\_\_

### Maintain predictable and reliable attendance

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Be punctual

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Take rest periods at set times or only at times determined by breaks in job responsibilities

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Adjust to a flexible schedule of work days and or shifts

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

## USE APPROPRIATE BEHAVIOR FOR A PROFESSIONAL WORK ENVIRONMENT

### Is the employee able to...

work without restrictions or accommodations in this category (if marked, skip to next section)

### Receive criticism and accept limits appropriately

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Maintain emotional control and organization under increased stress

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Maintain socially appropriate affect, temperament, and behavior

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Monitor own quality of performance and alter behaviors to correct mistakes or improve outcome

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Work independently and/or unsupervised

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Adapt to frequent interruptions, changes in priorities and/or changes of locations

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

### Respond effectively to emergency situations

Yes  unknown  no (if no, indicate suggested accommodations) \_\_\_\_\_

Is the employee taking any medications which impact his/her ability to work?

NO  YES  (if yes, please explain) \_\_\_\_\_

Are there possible limitations resulting from other medical conditions not addressed by this form?

NO  YES  (if yes, please explain) \_\_\_\_\_

The limitations documented are:

Permanent  Temporary until \_\_\_/\_\_\_/\_\_\_ and a full release  is  is not anticipated

Health Care Provider's (HCP) printed name and phone number \_\_\_\_\_

HCP's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_