**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** \_\_\_\_/\_\_\_/\_\_\_\_\_