

**Work-Related Information Form: Page 2**

<b>Performance Area</b>	<b>Information/Support Area</b>	<b>Job Creation/Support Reduction Strategy</b>
<u>Grooming</u> : How well is he or she usually groomed? Type of clothes usually worn?		
<u>Hand Use</u> : Ability to grasp, manipulate or lift weight, reach forward/up, amount of control?		
<u>Vision/Hearing</u> : How good is near/far vision? Is vision corrected? Any hearing loss/aides/adaptations?		
<u>Medical Needs</u> : Any medications taken? What? How? Any medical conditions that may affect work?		
<u>Mobility</u> : Mode? How safe, independent is individual? How far can he/she go?		
<u>Applied Academics</u> : Reading, writing and safety		
<u>Applied Academics</u> : Math, time and money		