**JOB COACH SHIFT OBSERVATIONS**

Job Coach Name: Observation Date:

Student Name:

Student’s Work Location:

Students Shift Time:

Mentor Support Time:

**JOB TASKS:** Please list main tasks performed and indicate level of student comfort/support needed.

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| **TASK DESCRIPTION** | **DIFFICULTY LEVEL**  **(1 being EASY - 5 being DIFFICULT)** | **SUPPORT PROVIDED (by job coach)** |
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Do you think this student is capable of performing these tasks independently and/or with natural support available? YES NO MAYBE

Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK ETTIQUETTE**- Please list support given for social interactions, work place protocols, self- management etc.

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| **ETTIQUETTE/BEHAVIOR ITEMS** | **STUDENT NATURAL RESPONSE** | **LEVEL OF SUPPORT PROVIDED  (pre-teach, modeling, problem solving, etc)** |
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*\*Please feel free to note any additional comments on an additional piece of or back of paper*