**Community Based Assessment – Job Duties**

Client Name:

Client Job Title:

Work Schedule:

Job Developer:

Supervisor/Title:

Dates of CBA:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Duties | New Task | Continued Task | CloseSupervisionNeeded | OccasionalSupervisionNeeded | Supervision Not Needed |
| 1.  |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3.  |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9.  |  |  |  |  |  |
| 10. |  |  |  |  |  |

Comments:

Client Signature: Date:

Job Developer Signature: Date:

Legal Guardian or Representative Name:

Legal Guardian or Rep Signature: \_\_ \_ Date: