

**Occupational Self Assessment (adapted version)****Vocational Services****Name:****Date:****UPON ADMISSION**

Please complete this self assessment form at the start of your time with the Vocational Services.

Myself	I have severe difficulty doing this	I have some difficulty doing this	I do this well	I do this extremely well
Concentrating on tasks				
Physically doing what I set out to do				
Getting to where I need to go (public transport, driving or walking)				
Expressing myself and communicating				
Getting along with others				
Identifying and solving problems				
Getting done what I need to do				
Having a satisfying routine				
Being involved in roles like a student, worker, volunteer, and or family member				
Working towards my goals				

Addressograph

**Date:**

**UPON DISCHARGE**

Now that you are ready to move on from the Vocational Services, please recomplete this self assessment form. You might want to look back at how you felt at the start of your time with the service to help consider if you feel any differently now that you are moving on.

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