ESS Assessment Summary

Individual's Name:_____

Address:_____
Street Address *City* *State* *Zip Code*

Home Phone: _____ Cell Phone: _____
(Include Area Code) *(Include Area Code)*

Contractor:_____

Type of Assessments conducted:

☐ Cognitive ☐ Housing ☐Tolerance

☐Communication ☐ Transportation ☐ Other:

☐Daily Living ☐ Mobility _____

Time Report

Minimum 3 hours of direct individual contact, 5 hours maximum

Date	Time Spent	Assessments

This Employment Supports Assessment form, once completed, must be submitted with the Assessment Narrative on the next page.

Clear Form

ESS Assessment Summary

Individual's Name: _____

Please describe areas identified in the assessments and through observation which require additional training and supports to assist the individual with increased independence, community engagement and employability.

Assessment Narrative

EC Name: _____ Date: _____