

**PRODUCTIVE LIVING BOARD  
SHELTERED WORKSHOP  
TRAINING/DEVELOPMENT PROGRAM  
ASSESSMENT OF NEED**

Employee Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Sheltered Workshop Training/Development Program as funded by the Productive Living Board provides targeted, time limited and goal oriented training to employees who need:

1. To receive employee training/orientation (new employees)
2. To increase vocational skills (improve productivity and accuracy) or
3. To improve and/or reduce behavior issues.

Identify the employee's need for participation in the Sheltered Workshop Training/ Development Program:

- New Employee Training/Orientation
- Learn new skill sets
- Increase time on task
- Increase productivity rate and accuracy
- Improve and/or reduce behavior issues (i.e. tardiness, distractions and interruptions)
- Preventing deterioration in skill level
- Safety (pertaining only to productivity, accuracy and/or behavior issues)
- Other: \_\_\_\_\_

Record Time Studies or Piece Rate log information and dates to document progress towards goals. *(If Applicable)*

<u>Date</u>	<u>Job</u>	<u>Time Study/ Piece Rate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Training goals & objectives must be identified for each sheltered workshop employee participating in the Training/Development Program. **These training goals & objectives will lead to obtaining or returning to employment in the workshop.** Identify training goals to be addressed in the support plan:

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Assessment Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_