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| **Work Trial Closure Report** |
| **Name** |       |
| **Nature of injury** |       |
| **Date of injury** |       |
| **Name of host employer** |       |
| **Placement position** |       |
| **Goal of placement**  |       |
| **Dates of placement**  | From:       To:       ;       (number of weeks/days completed) |
| **Reason(s) for early cessation of placement** **(if applicable)** |       |

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| **Case closure outcome** | [ ]  Client offered employment with host employer Include hours:      [ ]  Client ready to commence job seeking in the same area as the work trial placement in open employment[ ]  Client requires additional training before commencing job seeking[ ]  Client not ready for open employment[ ]  Client wanting to locate a second placement[ ]  Client not interested or not able to work Details:      [ ]  Other Details:       |
| Progress gained in work abilities: At end of placement |
| **Tasks performed**List tasks performed on completion of the work training placement | **Supports required**Include training, supervision, strategies | **Task performance**Quality, productivity etc |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

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| Feedback regarding suitability of work trial placement |
| **Host employer feedback** |       |
| **Client feedback** |       |
| **Provider feedback** |       |
| **Number of days absent and reason** |       |

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| Summary of work trial placement and recommendation |
|       |

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| **Consultant** |       |
| **Rehab provider** |       |
| **Date** |       |
| **CC:** |
| Client:       |
| Case manager:       |
| Case manager:       |
| Insurer:       |
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