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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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