ESS Assessment Summary

	ame:				
Address:			City	State	Zip Code
Home Phone: (Include Area Code)			Ce	Il Phone:	Code)
Type of Asses	ssments conducted:				
☐ Cognitive ☐ Housing			□Tolerance		
□Communicat	tion ☐ Transpor	tation	☐ Other:		
□Daily Living	☐ Mobility				
		Tir	me Report		
	Minimum 3 hours	of direc	t individual contact, 5	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.

ESS Assessment Summary

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:				