

**CAREER DEVELOPMENT CENTER - [your area office]
COMMUNITY BASED WORK ASSESSMENT LOG SHEET**

Circle One:

VR

Non-VR

Client Name _____ Referring Counselor/Case Manager _____

Community Based Assessment Coordinator/Phone # _____

Name of Employer _____

Type of Job: _____ circle one that applies or indicate type of job in space provided

[retail] [food preparation] [janitor] [child care] [clerical] [stock clerk] [automobile] [landscape] [laundry]

Date																Total Hours
Assessment Hours																

Supervisor's Signature: _____

Client's Signature:

Once Log Sheet is **completed and signed** then send

all **VR** referrals to:

non-VR referrals to:

Cindy King
Rehabilitation Services Central Office
915 SW Harrison 9N
Topeka, KS 66612
Or Fax to (785) 368-7467
cik@srs.ks.org

Terri Mattison
Rehabilitation Services - CDC Central Office
901 Westchester Drive
Salina, KS 67401
Or FAX to (785) 825-2519
stlm@srs.ks.gov