



Employment Readiness Checklist

This checklist is one way to assess whether you're ready to go back to work.

Instructions

For each topic, check one box (in column 1, 2 or 3). Add up your total for each column. With a health care professional (such as an occupational therapist, psychologist, counselor or your doctor), review your answers and the recommendations at the end of the checklist. This will help guide you in your recovery and thinking about returning to work.

Topic	Column 1 High Barriers to Employment	Column 2 Moderate Barriers to Employment	Column 3 Low Barriers to Employment
Headaches	<input type="checkbox"/> Headaches frequently limit my activities.	<input type="checkbox"/> Headaches sometimes limit my activities.	<input type="checkbox"/> Headaches do not limit my activities.
Sleep	<input type="checkbox"/> I sleep poorly most nights.	<input type="checkbox"/> I have some difficulties with sleep.	<input type="checkbox"/> I have no problems with sleep.
Daytime fatigue	<input type="checkbox"/> I need to take daily naps.	<input type="checkbox"/> I need to take occasional naps.	<input type="checkbox"/> I don't need to take naps.
Seizures	<input type="checkbox"/> My seizures are not controlled.	<input type="checkbox"/> My seizures are controlled but I do not have medical clearance to work.	<input type="checkbox"/> I do not have seizures (this includes if they are controlled with medication).
Thinking skills	<input type="checkbox"/> I have significant difficulties with thinking skills such as memory, concentration, multi-tasking, etc.	<input type="checkbox"/> I have some difficulties with thinking skills.	<input type="checkbox"/> I'm able to manage independently with my thinking skills, through use of strategies, for example.
Emotional well-being	<input type="checkbox"/> My mood is down or I get anxious easily. It's an effort for me to do everyday tasks or to socialize.	<input type="checkbox"/> My mood or anxiety has some ups and downs that stop me from doing things on some days.	<input type="checkbox"/> My mood is stable. I have no problems with anxiety or depressed mood.
Personal care and hygiene	<input type="checkbox"/> I need help and reminders for personal care, including hygiene and toileting.	<input type="checkbox"/> It takes more than an hour to get ready in the morning or I need some reminders for personal hygiene.	<input type="checkbox"/> I am independent for personal care and hygiene. I do not need reminders. I can get ready in less than an hour in the morning.
Attending appointments	<input type="checkbox"/> I need help to get to and be on time for appointments.	<input type="checkbox"/> I need some reminders to be on time but I can get there on my own.	<input type="checkbox"/> I am independent remembering and getting to appointments.
Managing time and activities	<input type="checkbox"/> I need help to plan and manage my activities. I am doing very few or no leisure activities.	<input type="checkbox"/> I need some reminders to help plan and manage my activities. I am doing some leisure activities.	<input type="checkbox"/> I am independent planning, organizing and carrying out my activities. I am doing some or many leisure activities.



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Topic	Column 1 High Barriers to Employment	Column 2 Moderate Barriers to Employment	Column 3 Low Barriers to Employment
Mobility (walking, wheelchair)	<input type="checkbox"/> I need help or supervision for mobility indoors and outdoors.	<input type="checkbox"/> I need some help and cannot get around outside on my own.	<input type="checkbox"/> I am fully independent for mobility indoors and outdoors.
Transportation	<input type="checkbox"/> I need help from others for transportation.	<input type="checkbox"/> I need some help and reminders, for example, to plan transportation.	<input type="checkbox"/> I am independent in planning and taking transportation for all my activities.
Managing finances	<input type="checkbox"/> I need help to budget, do banking and pay bills.	<input type="checkbox"/> I need some help or reminders to manage my money.	<input type="checkbox"/> I am independent in managing my money, including banking and paying my bills.
Taking medication	<input type="checkbox"/> I need help or reminders for taking medication.	<input type="checkbox"/> I need some reminders for my medication.	<input type="checkbox"/> I am independent with my medication.
Using strategies	<input type="checkbox"/> I need help to use strategies such as notes, calendar, pacing and communication aid, and/or to manage anxiety and frustration.	<input type="checkbox"/> I've started to use strategies but I'm not using them daily and/or I need some reminders to use them.	<input type="checkbox"/> I'm efficient and independent in using strategies, without reminders or help from others.
Planning and decision-making	<input type="checkbox"/> I need help with planning and decision making.	<input type="checkbox"/> I sometimes need help with planning and decision-making.	<input type="checkbox"/> I have no difficulties with planning and decision-making and others are not concerned about me.
Rehabilitation therapies	<input type="checkbox"/> My rehabilitation activities or therapies take up two or more days per week.	<input type="checkbox"/> I'm still involved in some rehabilitation activities, but only once per week or less.	<input type="checkbox"/> I've completed all of my formal rehabilitation activities and therapies.
Up-to-date skills and education	<input type="checkbox"/> It's been a long time since I worked. My training, skills and education might be out of date.	<input type="checkbox"/> It's been a while since I worked. Some of my training, skills and education may be out of date.	<input type="checkbox"/> It's been less than six months since I worked. My training, skills and education are up to date.
Totals	Column 1 _____	Column 2 _____	Column 3 _____

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Recommendations

Review your completed checklist and these recommendations with a health care professional.

If you have check marks in Columns 1 or 2:

- You may not be ready for paid employment.
- Keep focusing your energy on rehabilitation activities and therapies.
- If you're having problems with headaches, sleep, fatigue, seizures or emotional well-being, talk to your health care professional.
- Keep practicing good personal hygiene.
- Find ways to build your endurance, such as a regular exercise program.
- Learn useful strategies to manage problems with fatigue, memory, anxiety, frustration, communication, etc. An occupational therapist or other health care professional can help. Remember, it takes lots of practice and repetition to use strategies successfully.
- Aim to become involved in regularly scheduled activities and keep a weekly schedule (recreation, social activities, exercise, etc.).

Consider some of these activities:

- Fitness class (review options with your health care professional)
- Stroke support group
- Classes (such as art, photography, music, computer skills)
- Public lectures (at library or college)
- Think about doing some volunteer work. This will help you get back on a regular schedule, make contact with other people and build your resume.

If most or all check marks are in Column 3:

- You may be ready for paid employment. Connect with a vocational rehabilitation counselor to explore options and resources.
- Check with your doctor or other health care professional before planning to return to work.