



**BRAIN INJURY  
ASSOCIATION  
OF NEW JERSEY**

825 Georges Road, Second Floor  
North Brunswick, NJ 08902  
732.745.0200

[www.bianj.org](http://www.bianj.org)

Helpline: 1-800-669-4323

No Brain Injury is  
Too Mild to Ignore,  
or Too Severe to  
Lose Hope

## Information Gathering Guide for Job Coaches

By Judi Weinberger

*Information is critical for understanding the needs of individuals with brain injury who are interested in returning to work. The following can be used as a guide to ensure that relevant information is obtained by:*

- Reviewing records sent by the DVRS counselor. If information is not sent, contact the DVRS counselor for all available records.*
- Speaking with the DVRS counselor.*
- Conducting an interview with the individual.*
- Speaking with a family member or significant other.*
- Speaking with professionals involved in the client's rehabilitation.*

### 1. Disability-related issues:

- Type of brain injury/illness
- Date injury/illness occurred
- Age at the date of injury and current age (*This is especially important because emotional and social maturation often stops at the time of injury. For example, if an individual acquires an injury at age 14, he may fail to develop age-appropriate social skills.*)
- Current medications along with side effects (*Some medications cause fatigue/drowsiness, dizziness, make an individual sensitive to heat/cold, limit ability to work with power equipment, or present other work restrictions.*)
- Othermedical issues that would interfere with the ability to work. (*These include high blood pressure, cardiac problems, diabetes, headaches, asthma or other respiratory problems, orthopedic problems, pain, and problems with sleep or fatigue.*)
- Does the client have a history of substance abuse problems? If in sobriety, how long? Is the client currently involved in a program such as Alcoholics Anonymous? Does the client have a sponsor? Ask the client to share the name and contact information for his sponsor.



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## 2. Rehabilitation services

- What services were received? (Physical, occupational, speech or other rehabilitative services.) How long since the last therapy?
  
- Did client attend a cognitive rehabilitation program? Where and when? *(NOTE: If the client is still receiving rehabilitation services, consider conducting the initial interview at the rehabilitation center so that you can also meet with the rehabilitation staff. They can be invaluable in providing information.)*
  
- Is the client currently receiving medical, psychological, or rehabilitation services? Who is providing the care? Obtain the name and phone number of the person overseeing the client's care. How many times a week and what hours are the appointments?

## 3. Did the client receive a neuropsychological evaluation?

- When was the evaluation completed?
  
- Do you have a copy of the report? *(If not, contact the DVRS counselor and request a copy.)*
  
- What are the client's strengths and limitations?
  
- What suggestions are provided regarding return to work?
  
- What compensatory strategies are recommended?

*(If you have questions about what is written in the report, contact the DVRS counselor for clarification.)*

## 4. Did the client have a pre-vocational cognitive evaluation? *(This is an evaluation performed at many of the cognitive rehabilitation programs that specifically addresses return-to-work issues.)*

- Did you receive the results and recommendations? *(Speaking to the evaluator can provide specific insights into the client's ability to work and need for compensatory strategies.)*
  
- What suggestions are provided regarding return to work?
  
- What compensatory strategies are recommended?



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## 5. Current Functional Abilities

### *Physical strengths and limitations:*

- Ambulation– is client able to walk independently? Are assistive devices (cane, crutches, walker, wheelchair, etc.) required? Is client safe on even and uneven surfaces? What is client's balance, endurance and speed?
- Gross motor skills– does client have use of both arms and hands? Does client have use of his/her dominant hand? Are assistive devices required? What is client's speed of performance with gross motor tasks? What limitations would interfere with the job goal?
- Fine motor skills– do limitations interfere with the client's ability to write, use a computer, operate machinery, or other job specific tasks? Are accommodations or assistive devices needed?
- Strength and endurance – does client have the strength and endurance requirements for the job goal? Are accommodations required?
- Communication skills– does client have the communication skills required for the job goal? Are accommodations required?

*Cognitive strengths and limitations* compared to the job goal. What compensatory strategies will be needed to improve work performance?

- Attention, concentration and distractibility
- Learning and memory
- Ability to follow verbal and/or written directions
- Problem solving and abstract reasoning
- Time awareness and organizational skills
- Attention to detail and ability to selfcorrect
- Quality of work performance
- Other issues identified in reports
- What compensatory strategies will be needed to improve work performance?



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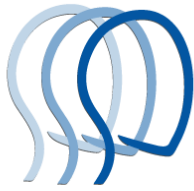
*Emotional/behavioral strengths and limitations* compared to job goal.

- Insight and selfawareness. How does the client's self-assessment of her capabilities and weaknesses compare to reports from family members and professionals?
- Ability to interact with supervisors and co-workers (including ability to maintain personal boundaries, degree of impulsivity, and/or emotional lability)
- Depression, anxiety, irritability and anger
- Ability to deal with stress
- Are accommodations needed or recommended?

### **Level of Home and Community Independence**

*(Understanding how the client functions at home and in the community will provide a strong indicator of readiness for work.)*

- How does the client spend time at home?
- How independent is the client in activities of daily living and performing household chores? *(Be specific in questioning in order to gauge level of functioning. For example, do you cook your own meals? On the stove or in the microwave? What kinds of food do you prepare? Do you use a timer? Do you follow a recipe? Are you able to shop independently? Do you make a shopping list? Do you pay by credit card or cash? Do you manage your checkbook? Pay bills? Make appointments?)*
- Does the family allow / encourage the client to perform activities independently?
- What compensatory strategies does the client use at home to increase independence?
- Does the client participate in community or religious activities? What are they?
- How independent is the client in community activities?
- What compensatory strategies has the client used to increase community independence?
- What type of supports does the client need / use at home and in the community?



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- What type of transportation will the client utilize to get to work?
- Is the client independent in this mode of transportation or are supports needed?

### **7. Motivation for work**

- How motivated is the client to return to work?
- What concerns does the client have about returning to work?
- Is the client currently receiving social security or other benefits that would be impacted by returning to work?
- What supports will the family provide in the return to work process?
- How realistic are the client's return to work goals?

### **8. Education and Work History**

- What is the client's education and work history prior to the injury/illness? Does the history reflect stability or show a pattern of moving from job to job, or long lapses in employment? What type of relationship has the client had with former employers?
- Is the client able to use the knowledge and skills learned prior to injury for the new job goal? Are accommodations or strategies needed to enhance the use of prior knowledge and skills?
- Has the client participated in training or further schooling after the injury? Was the client successful in completing the program? Were accommodations provided?
- Has the client worked after the injury? What type of jobs were held after the injury? How long did the client stay at each job and what was the reason for leaving? Was the client successful or were problems noted in maintaining the job? Were the problems related to skills, ability to perform job tasks, work-related behaviors, or physical problems?
- Has the client held volunteer positions after the injury? Was the client successful or were problems noted in maintaining the volunteer position?

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*Judi Weinberger is the Director of Family Support and Vocational Projects at the Brain Injury Association of New Jersey.*