

Discharge Planning Impact Checklist

Yes	No	N/A	Questions to Consider	Notes
			Does the client understand his/her disability or residual limitations and its impact on occupation or ability to perform essential work functions?	
			Can the client communicate his/her needs and goals to others, including assistive technology, their need for accommodation and modification, etc.?	
			Does the client have adequate assistive technology support to meet his/her needs?	
			Have you addressed environmental modifications?	
			Has a home study/review been conducted?	
			Is the individual connected with Vocational Rehabilitation services and supports?	
			Is the individual connected with AgrAbility PA project?	
			What technology or adaptations are required for the individual to return to work?	
			Have the transportation needs of the client been addressed?	

			Does the client know of community resources and contacts to meet his/her needs?	

What is their role on the farm? _____

Type of farm? (Livestock, Orchard, Woods, Garden) _____

How big is their farm? _____

What is the terrain? Any mobility/access issues? _____

Can they enter the buildings? Reach the equipment? Service the equipment? _____

Hand tools? Power tools? _____

Farm vehicles (tractor, combine, etc.)? Seating, transfers? Controls? Hitching/Unhitching? _____

Other impairments (decreased sensation)? Vision? Hearing? _____

Record Keeping? _____

Other?