

## Worker Information

Last Name					First Name				
Mailing Address (include postal code)					Claim Number			Telephone (include area code)	
Employer					Worker's Occupation				
Date of Injury	MM	DD	YYYY		Date of Birth	MM	DD	YYYY	

Name of Psychologist, Registration, and Licence Number (please print)				
Telephone (include area code)			Address (include postal code)	
Date of Service	MM	DD		

### A. Assessment

Date of Assessment	MM	DD	YYYY	
<p>Due to injury or illness this employee has:</p> <p><input type="checkbox"/> Normal Functional Abilities – Fit for regular duties (No additional information needed. Please complete section F.)</p> <p><input type="checkbox"/> Reduced Functional Abilities (Please complete all sections as appropriate.)</p>				

(Please indicate **abilities** that apply.)

<p>A) Self-supervision:</p> <p><input type="checkbox"/> Cannot self-supervise, requires constant work supervision</p> <p><input type="checkbox"/> Requires frequent supervision</p> <p><input type="checkbox"/> Can tolerate infrequent supervision</p> <p><input type="checkbox"/> Able to carry out work tasks in a self-supervised manner</p>
<p>B) Supervision of others:</p> <p><input type="checkbox"/> Not able to fulfill any supervisory role</p> <p><input type="checkbox"/> Able to provide work direction to one or more workers</p> <p><input type="checkbox"/> Able to provide work direction and some elements of managing work performance, not including disciplinary action</p> <p><input type="checkbox"/> Able to assume full supervisory responsibility</p>
<p>C) Task responsibility and persistence:</p> <p><input type="checkbox"/> Unable to take primary responsibility for completing tasks</p> <p><input type="checkbox"/> Requires allowance to leave work area and access quiet area as needed</p> <p><input type="checkbox"/> Must work with a partner or be restricted to job shadowing</p> <p><input type="checkbox"/> Unable to sustain continuous performance beyond _____ hours</p> <p><input type="checkbox"/> Fully able to take responsibility</p>

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D) Multi-tasking:

- ☐ Has difficulty performing more than one task at a time
- ☐ Can handle more than one task, but requires clear cues to indicate when each task should be performed
- ☐ Can perform multiple tasks requiring some time management skill and judgement to determine priorities
- ☐ Fully able to perform multiple tasks requiring time management skill and judgement to determine priorities

E) Cooperate with others:

- ☐ Works best alone; has difficulty working cooperatively with others
- ☐ Can work cooperatively with others on an infrequent basis
- ☐ Can work cooperatively with others on some tasks
- ☐ Can work in isolation
- ☐ Fully able to cooperate with others

F) Tolerance to confrontation:

- ☐ Unable to work effectively in confrontational situations
- ☐ Able to tolerate occasional exposure (up to weekly) to confrontational situations in which assistance is immediately available
- ☐ Able to tolerate occasional exposure (up to weekly) to confrontational situations in which assistance is NOT immediately available
- ☐ Able to tolerate frequent exposure (approximately daily) to confrontational situations where assistance may or may not be available

G) Responsibility and accountability:

- ☐ May be prone to errors in judgement and/or lapses of attention and therefore should only perform work in which such errors or lapses would have insignificant consequences
- ☐ Able to exercise some judgement and responsibility, but occasional lapses may occur. The worker should be assigned to work in which such lapses would not create serious difficulty
- ☐ Able to exercise a moderate degree of judgement and responsibility, but not to a sufficient extent to assume responsibility for the safety of others
- ☐ Able to exercise sufficient judgement and responsibility to perform well in safety-sensitive positions in which the worker is responsible for the safety of others

H) Tolerance to deadlines:

- ☐ Likely to have difficulty working quickly or under time pressure
- ☐ Capable of a moderate work pace and can occasionally work under time constraints
- ☐ Capable of a moderately fast work pace and can frequently work under time constraints
- ☐ Fully able to tolerate time pressures and work quickly

I) Attention to detail:

- ☐ Unable to concentrate on or attend to details
- ☐ Able to concentrate on or attend to details for some tasks, although not at an intense level
- ☐ Able to concentrate on or attend to details at a significant level for many tasks or at an intense level for some tasks
- ☐ Able to concentrate on or attend to details at an intense level for the majority of the shift

J) Tolerance to distracting stimuli:

- ☐ Requires a quiet, non-distracting work environment in order to work effectively
- ☐ Able to work effectively with a minor degree of distracting stimuli
- ☐ Able to work effectively with a moderate degree of distracting stimuli
- ☐ Able to work effectively with a high degree of distracting stimuli
- ☐ Able to work effectively at performing monotonous tasks

K) Cognitive demands:

- ☐ Able to attain precise limits/standards
- ☐ Able to problem solve and make decisions
- ☐ Able to take initiative
- ☐ Capable of making sound judgement
- ☐ Capable of analytical thinking

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L) Tolerance to emotional situations:

- ☐ Unable to work effectively in emotionally stressful circumstances or with emotionally distressed individuals
- ☐ Able to tolerate infrequent exposure (e.g. monthly) to emotionally stressful circumstances or emotionally distressed individuals
- ☐ Able to tolerate occasional exposure (e.g. weekly) to emotionally stressful circumstances or emotionally distressed individuals
- ☐ Able to tolerate frequent exposure (e.g. daily) to emotionally stressful circumstances or emotionally distressed individuals

M) Reading (in primary language):

- ☐ Unable to read text
- ☐ Able to recognize single words, short phrases, or names
- ☐ Able to read at a moderate level, e.g. to follow written instructions
- ☐ Able to read at an advanced level comparable to his/her normal pre-injury abilities

N) Writing (in primary language):

- ☐ Unable to write
- ☐ Able to compose text in which accurate grammatical construction and spelling are not essential, e.g. messages, forms, lists
- ☐ Able to create memos or letters with accurate spelling, grammatical construction and clarity
- ☐ Able to create reports, complex documents or any communications that require a high degree of grammatical form and/or careful wording comparable to his/her normal pre-injury abilities

O) Numerical skills:

- ☐ Has limited ability for number manipulation other than counting
- ☐ Able to carry out basic arithmetic operations such as addition and subtraction
- ☐ Able to use more complex arithmetic operations such as division, multiplication, percentages, ratios
- ☐ Able to apply advanced mathematical concepts and formulae with accuracy comparable to his/her normal pre-injury abilities

P) Communication:

- ☐ Has little communication skill; is able to receive and relay concrete information only
- ☐ Able to comprehend and communicate information at a basic level within well defined parameters
- ☐ Has sufficient communication skills to comprehend and communicate information fluently
- ☐ Has highly developed communication skills to comprehend and communicate complex information and ideas or communicate effectively in complex situations comparable to his/her normal pre-injury abilities

Q) Memory:

- ☐ Has poor ability to remember information and apply to work tasks
- ☐ Has basic memory ability: Can recall information that is applied to work tasks on a regular basis without rigid time constraints
- ☐ Has moderate memory ability: Can recall information that is harder to remember because it is infrequently used or because of time pressures
- ☐ Has memory ability comparable to his/her normal pre-injury abilities

R) Computer skills:

- ☐ No skill in computer use
- ☐ Able to use computers for basic tasks or simple applications, e.g. swipe bar code
- ☐ Able to use one or more computer programs at a competent level expected of most office workers
- ☐ Has extensive computer knowledge and problem solving ability comparable to his/her normal pre-injury abilities

Additional Comments:

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### C. Work Environment

Please indicate any situations/settings from which the worker is restricted (check all that apply):

☐ Working within an office environment
 ☐ Working within a healthcare setting

☐ Settings, involving high level of social interaction
 ☐ Working within Security or Correctional Facilities

☐ Setting which require strenuous activity
 ☐ Travelling in a vehicle to a remote work site or while on the job

☐ Working around heavy machinery
 ☐ Settings where there is access to substances of abuse

☐ Exposure to trauma triggers (please specify): \_\_\_\_\_

☐ Chemical exposure to: \_\_\_\_\_

☐ Environmental exposure to: \_\_\_\_\_ (e.g. heat, cold, noise, scents)

☐ Other (please explain): \_\_\_\_\_

Additional Comments:

### D. Return to Work and Scheduling

Schedule Restrictions:

☐ Unable to work rotating shifts
 ☐ Unable to work night shifts
 ☐ Unable to work morning shifts

☐ Unable to work prolonged workdays/overtime

Graduated Return to Work Recommendations:

I recommend the worker begins working \_\_\_\_\_ hours/day, \_\_\_\_\_ days/week, commencing 

MM	DD	YYYY
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The schedule should increase by \_\_\_\_\_ hours/day each week. This plan would have the worker back to full hours by 

MM	DD	YYYY
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(In most cases this is expected to be 4-8 weeks.)

☐ Proposed work schedule is attached

### E. Estimated Duration of Limitations

☐ \_\_\_\_\_ days
 ☐ 2-4 weeks
 ☐ 4-6 weeks
 ☐ 8-10 weeks
 ☐ Permanent

Additional Comments:

### F. Signature of Psychologist

☐ No reassessment anticipated
 ☐ I recommend a reassessment of capabilities on: Date: 

MM	DD	YYYY
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I have provided this completed Functional Abilities form to the worker: ☐ Yes ☐ No Date: 

MM	DD	YYYY
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I have discussed Return to Work with the worker: ☐ Yes ☐ No Date: 

MM	DD	YYYY
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Signature:	Title (print):			
Name (print):	Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr></table>	MM	DD	YYYY
MM	DD	YYYY		

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation.

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