



**Georgia Department of Human Services**  
**TRANSITION WORK READINESS ASSESSMENT - ADA**

6. Describe how the client's disability makes it hard for him/her to do things everyday at home and at other places. Does the client need other people to help him/her to do things? If yes, please document. Does the client need more help than s/he used to? If yes, document.

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7. Document what you can do to help the client do the things listed in his/her work plan.

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