

# Agricultural Worksite Assessment Tool

Revised October 2000

## Purpose

The purpose of the Breaking New Ground Agricultural Worksite Assessment Tool is to provide rural rehabilitation professionals working with farmers or ranchers a guide to conducting a thorough worksite assessment. The tool provides an extensively tested format for conducting assessments on a consistent basis and for recording findings. Professionals who are not familiar with agricultural worksites will find the tool helpful in asking the right questions concerning potential workplace barriers. Upon completion, the tool can become a part of the client's file along with other records to be updated as needed. If kept up-to-date and reviewed periodically, the tool will help keep track of the client's progress toward the elimination of specific worksite barriers, increased independence, and the achievement of personal rehabilitation goals.

It has become clear to prior users of the assessment tool that no one approach or form will satisfy every need that will be encountered. Users are encouraged to use the tool as a tested guide and feel free to modify as needed. The desired outcome is that both the professional and the client will be able to use the information gathered to make better decisions leading to greater independence.

## Value of Conducting Worksite Assessments

How often have you felt that everyone had a solution but no one really knew what the problem was? Before an appropriate solution can be developed, there needs to be a clear understanding of the problem and careful assessment of available resources.

Two of the first steps in determining the vocational needs of a farmer or rancher with a physical disability are to conduct an assessment of the workplace and to evaluate his/her ability to complete desired work-related tasks. Outcomes of this activity will include:

- 1) A better understanding of the size and scope of the farm/ranch operation and the individual's role in it, including the potential for alternative enterprises.
- 2) Identification of significant workplace barriers and functional limitations that prevent completion of desired tasks.
- 3) The opportunity to discuss desired worksite modifications, possible task restructuring or the reassignment of certain hard-to-perform tasks to other family members or employees.
- 4) The opportunity to identify specific goals that will help the farmer or rancher to increase independence, productivity and profitability.

Another proven outcome of conducting the on-site assessment is that it demonstrates to the individual and his or her family that you are genuinely interested in their needs. Your willingness to visit them in their immediate surroundings and to become familiar with the situations they must cope with on a daily basis will go a long way towards opening lines of communication and winning their respect for your ability to make a difference.

(continued)

It should be noted that not every farmer with a disability needs a comprehensive worksite assessment. In many cases the need is very simple and the solution easy to provide. Conducting a complete assessment may not be the most effective use of your time. As the severity level of the disability increases, the need for a more thorough assessment becomes more important. If you visit with a client who perceives that he or she has only a very basic need or a single need, conduct a mental assessment and raise questions about other activities that might eventually require modifications or the use of assistive technology. In some cases, the individual may be highly focused on one issue, such as gaining access to farm equipment, and may overlook many other issues that might be even more important.

Remember, the purpose of the assessment tool is not to merely collect data but to provide you the information to serve the individual and/or family more effectively.

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## **Agricultural Worksite Assessment Tool For Farmers and Ranchers with Physical Disabilities**

*Developed by the  
Breaking New Ground Resource Center  
Purdue University  
West Lafayette, Indiana  
Revised 2000*

### **1. PERSONAL DATA**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Directions to farm/ranch: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_M \_\_\_F Marital Status: \_\_\_\_\_

Names and ages of children at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disability: \_\_\_\_\_ Date of injury/diagnosis: \_\_\_\_\_

Describe the cause of disability: \_\_\_\_\_

\_\_\_\_\_

Functional limitations as described by client and/or referral source:

Include exact measurements if known: (Db of hearing loss, visual acuity, lifting limits, range of motion, specific limitations on standing, sitting, transferring, carrying, walking, bending, stooping, balance, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation:

Full-time farmer/rancher (primary income from farm/ranch)

Part-time farmer/rancher (primary income from farm/ranch job)

Dependent of farm/ranch family

Farm/ranch employee

Agricultural business (type): \_\_\_\_\_

Other: \_\_\_\_\_

**2. GENERAL FARM/RANCH DATA**

A. Type and size of operation:

\_\_\_ Dairy \_\_\_\_\_ head    \_\_\_ Grains (types and no. acres): \_\_\_\_\_  
\_\_\_ Hog \_\_\_\_\_ head    \_\_\_ Specialty crop(s) (type): \_\_\_\_\_  
\_\_\_ Beef \_\_\_\_\_ head    \_\_\_ Agr. business (type): \_\_\_\_\_  
\_\_\_ Sheep \_\_\_\_\_ head    \_\_\_ Other: \_\_\_\_\_  
\_\_\_ Poultry \_\_\_\_\_ flock size

B. Summarize the farm/ranch responsibilities of the client prior to acquiring the disabling injury or diagnosis of disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. List family members and co-workers who assist on the farm:

Name	Relationship	Age	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. OVERALL FARM/RANCH ACCESSIBILITY**

A. Describe the general type of terrain and mobility-related problems encountered (e.g.: hilly, flat, rocky, wooded):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Is the farmyard and/or areas around primary buildings surfaced and well drained?

\_\_\_ Yes \_\_\_ No

Describe type of surface and mobility-related problems encountered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. GENERAL FARM/RANCH MAINTENANCE**

A. Shop

1. Can the client enter the shop independently? \_\_\_ Yes \_\_\_ No

Describe the barriers (e.g.: steps, narrow doorways, heavy doors):

\_\_\_\_\_  
\_\_\_\_\_

2. Describe mobility problems and the type of floor the shop has (e.g.: concrete, dirt, crushed stone): \_\_\_\_\_

3. Can the client reach stationary power tools and service equipment? \_\_\_Yes \_\_\_No  
If no, why not? \_\_\_\_\_

4. Can the client perform maintenance tasks on the tool bench? \_\_\_Yes \_\_\_No  
If no, why not? \_\_\_\_\_

5. Is the shop: heated for year-round use? \_\_\_Yes \_\_\_No
- equipped with toilet facilities? \_\_\_Yes \_\_\_No
  - adequately lighted? \_\_\_Yes \_\_\_No
  - equipped with adequate ventilation for welding, painting, and operating engines? \_\_\_Yes \_\_\_No
  - equipped with telephone? \_\_\_Yes \_\_\_No
  - equipped with first aid kit? \_\_\_Yes \_\_\_No
  - equipped with fire extinguisher? \_\_\_Yes \_\_\_No

6. Is there a smooth or paved outside work area for large equipment? \_\_\_Yes \_\_\_No

7. Are refueling areas accessible to the client? \_\_\_Yes \_\_\_No

**B. Basis hand tools**

Check which of the following hand tools the client has difficulty using and describe the problems each presents:

<b>Hand Tools</b>	<b>Problems</b>
___ Sockets and ratchet	_____
___ Wrenches	_____
___ Hammer	_____
___ Screwdriver	_____
___ Pliers and vise grips	_____
___ Punch and chisel	_____
___ File	_____
___ Knife	_____
___ Hand saw	_____
___ Fence stretcher	_____
___ Tap and die set	_____
___ Pry bar	_____
___ Hand drill	_____
___ Grease gun	_____
___ Hand air pump	_____
___ Vise and C-clamps	_____
___ Rake and shovel	_____
___ Pruning equipment	_____
___ Other:	_____
___ _____	_____
___ _____	_____
___ _____	_____

C. Power tools

Check which of the following power tools the client has difficulty using and describe the problems:

<b>Power Tools</b>	<b>Problems</b>
<input type="checkbox"/> Power saw	_____
<input type="checkbox"/> Impact wrench	_____
<input type="checkbox"/> Power drill	_____
<input type="checkbox"/> Portable grinder	_____
<input type="checkbox"/> Bench grinder	_____
<input type="checkbox"/> Air compressor/air tools	_____
<input type="checkbox"/> Chain saw	_____
<input type="checkbox"/> Wood trimmer	_____
<input type="checkbox"/> Electric welder	_____
<input type="checkbox"/> Other:	_____
_____	_____
_____	_____
_____	_____

D. Maintenance materials and supplies

Check which of the following maintenance materials the client has difficulty using and describe the problems:

<b>Tools</b>	<b>Problems</b>
<input type="checkbox"/> Nuts and bolts	_____
<input type="checkbox"/> Nails, screws, staples	_____
<input type="checkbox"/> Spray solvent	_____
<input type="checkbox"/> Lumber	_____
<input type="checkbox"/> Glue	_____
<input type="checkbox"/> Wire	_____
<input type="checkbox"/> Paint and brushes	_____
<input type="checkbox"/> Sandpaper	_____
<input type="checkbox"/> Welding rod	_____
<input type="checkbox"/> Lubricants	_____
<input type="checkbox"/> Chains	_____
<input type="checkbox"/> Belts	_____
<input type="checkbox"/> Other:	_____
_____	_____
_____	_____
_____	_____

**5. EQUIPMENT AND MACHINERY**

A. Machinery storage areas

1. Describe the primary machinery storage areas (e.g.: enclosed, open shed, outdoors):

\_\_\_\_\_  
\_\_\_\_\_

2. Can the client enter machinery storage areas independently? \_\_\_Yes \_\_\_No  
 If no, describe the barriers: \_\_\_\_\_  
 \_\_\_\_\_
3. What types of floors do the machinery storage areas have and describe mobility-related problems (e.g.: concrete, dirt, sand, crushed stone)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Do storage areas provide space for most frequently used equipment? \_\_\_Yes \_\_\_No  
 If no, how is other equipment stored? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Are the storage areas conducive to hitching implements and performing service and maintenance tasks on equipment? \_\_\_Yes \_\_\_No  
 If no, where are these tasks performed? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Most frequently used power units (tractors, combines, skid loaders, other self-propelled units):

Make	Model	Cab-equipped	Heater/AC equipped	2-way radio equipped
		Yes	Yes	Yes
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___

C. Accessing equipment

Identify the make, model, difficulties or potential safety hazards the client faces when mounting and dismounting frequently used equipment (include maneuvering steps, opening cab door, access to seat); and any modifications that have been made.

Make	Model	Problems	Modifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Equipment seating and transfer

Describe difficulties related to equipment seating and transferring to the seat. Explain any modifications being used to improve seating comfort and safety during operation and transfer.

**Difficulties**

**Modifications**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. Controls

For tractors and self-propelled equipment used most frequently by the client, indicate which controls are difficult to reach or operate, describe the specific problems, and identify any modifications that have been made.

1. Make and model: \_\_\_\_\_

**Control**

**Difficulties and modifications**

___ Steering	_____
___ Clutch	_____
___ Brakes	_____
___ Throttle (hand or foot)	_____
___ Ignition and accessory switches	_____
___ Transmission speed selector	_____
___ Power-take-off control	_____
___ Levers for hydraulic remotes	_____
___ Differential lock	_____
___ Other _____	_____

2. Make and model: \_\_\_\_\_

**Control**

**Difficulties and modifications**

___ Steering	_____
___ Clutch	_____
___ Brakes	_____
___ Throttle (hand or foot)	_____
___ Ignition and accessory switches	_____
___ Transmission speed selector	_____
___ Power-take-off control	_____
___ Levers for hydraulic remotes	_____
___ Differential lock	_____
___ Other _____	_____

3. Make and model: \_\_\_\_\_

**Control**

**Difficulties and modifications**

___ Steering	_____
___ Clutch	_____
___ Brakes	_____
___ Throttle (hand or foot)	_____
___ Ignition and accessory switches	_____

- \_\_\_ Transmission speed selector \_\_\_\_\_
- \_\_\_ Power-take-off control \_\_\_\_\_
- \_\_\_ Levers for hydraulic remotes \_\_\_\_\_
- \_\_\_ Differential lock \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

4. Make and model: \_\_\_\_\_

<b>Control</b>	<b>Difficulties and modifications+</b>
___ Steering	_____
___ Clutch	_____
___ Brakes	_____
___ Throttle (hand or foot)	_____
___ Ignition and accessory switches	_____
___ Transmission speed selector	_____
___ Power-take-off control	_____
___ Levers for hydraulic remotes	_____
___ Differential lock	_____
___ Other	_____

**F. Hitching and unhitching equipment**

1. Which pieces of machinery does the client have difficulty hitching and unhitching?

<b>Machine</b>	<b>Difficulties</b>	<b>Modifications</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Can the client turn upper torso 180 degrees and operate controls simultaneously while backing up the tractor? \_\_\_Yes \_\_\_No  
 If no, explain how he/she compensates: \_\_\_\_\_

3. What type of rearview mirrors does the equipment have, and where are they mounted?  
 \_\_\_\_\_

4. Can the client connect and disconnect PTO drivelines independently? \_\_\_Yes \_\_\_No  
 If no, explain how he/she compensates: \_\_\_\_\_

5. Can the client connect and disconnect hydraulic couplings independently? \_\_\_Yes\_\_\_No  
 If no, explain how he/she compensates: \_\_\_\_\_

**G. Other barriers to operating equipment**

1. Does the client have a hearing impairment which would prevent him/her from hearing when equipment is operating or malfunctioning? \_\_\_Yes \_\_\_No
2. Does the client have a vision loss which results in poor depth perception or in difficulty working in bright light or seeing at night? \_\_\_Yes \_\_\_No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

H. Equipment maintenance

Check which tasks the client has difficulty performing and describe the problems and modifications, if any.

Task	Difficulties	Modifications
___ Fueling	_____	_____
___ Changing the oil and filters	_____	_____
___ Lubricating equipment	_____	_____
___ Making major repairs	_____	_____
___ Making minor machine adjustments	_____	_____
___ Servicing and changing tires	_____	_____
___ Adding and removing ballasts	_____	_____
___ Other	_____	_____
___	_____	_____

6. CROP PRODUCTION

A. Forages

*Does Not Apply* \_\_\_\_\_

1. If hay is produced, how is it handled, (e.g.: hay/silage, conventional bales, large round bales)? \_\_\_\_\_  
 \_\_\_\_\_
2. Type of hay-storage facilities used: \_\_\_\_\_  
 \_\_\_\_\_
3. Can the client access the hay-storage facilities and handling equipment independently?  
 \_\_\_Yes \_\_\_No  
 If no, why not? \_\_\_\_\_  
 \_\_\_\_\_

B. Grain

*Does Not Apply* \_\_\_\_\_

1. Type of grain-storage facilities used (e.g.: grain bins, corncribs, commercial elevator): \_\_\_\_\_  
 \_\_\_\_\_
2. Can the client access grain-storage facilities independently? \_\_\_Yes \_\_\_No  
 If no, why not? \_\_\_\_\_  
 \_\_\_\_\_
3. Type of grain-handling equipment used (e.g.: augers, dump pit, center leg, pneumatic): \_\_\_\_\_  
 \_\_\_\_\_
4. Does the client have access to the grain handling equipment? \_\_\_Yes \_\_\_No  
 If no, why not? \_\_\_\_\_  
 \_\_\_\_\_

C. Other crops

List other major crops produced and describe any accessibility problems in handling or storing these crops:

Crops	Problems
_____	_____

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D. Chemical application

1. Does the client apply his/her chemicals? \_\_\_Yes \_\_\_No
2. Is the client certified to apply restricted use chemicals? \_\_\_Yes \_\_\_No
3. Is the client able to access the chemical storage area? \_\_\_Yes \_\_\_No  
If no, what specific barriers are present? \_\_\_\_\_  
\_\_\_\_\_
4. Is the client able to use all recommended personal protective equipment for each chemical he/she plans to use? (e.g.: eye protection, respiratory protection)  
\_\_\_Yes \_\_\_No  
If no, what specific barriers are present? \_\_\_\_\_  
\_\_\_\_\_
5. Does the client have access to local custom chemical applicators? \_\_\_Yes \_\_\_No

**7. LIVESTOCK PRODUCTION**

A. Dairy

*Does Not Apply* \_\_\_\_\_

1. Facilities

- a. Type of dairy housing (e.g.: free stall, stanchion, tie stall): \_\_\_\_\_  
\_\_\_\_\_
- b. Type of milking facility (e.g.: milking parlor, stanchion): \_\_\_\_\_  
\_\_\_\_\_
- c. Can the client enter the barn, milking parlor, or milk house independently?  
\_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Describe the methods of waste removal and building sanitation used (e.g.: gutter cleaners, liquid manure handling, scrapers, flush system) and specific problems encountered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Describe method used to herd or move cows into milking facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Feeding

- a. Describe the type of feeding system used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Describe the problems the client encounters using various feeding tools and equipment: (e.g.: shovels, pitchforks, buckets, scoops, grain carts, feed wagons): \_\_\_\_\_  
\_\_\_\_\_

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c. Can the client reach and activate controls on feeding equipment independently?

\_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

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d. Can the client carry out routine maintenance on feeding equipment? \_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

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B. Hog

*Does Not Apply* \_\_\_\_\_

1. Facilities

a. Types of hog facilities used (e.g.: confinement building, open-front shelter, farrowing house, pasture): \_\_\_\_\_

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b. Can the client enter the facilities independently? \_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

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c. Can the client access and handle hogs for medical treatment, weighing, castration, etc.?

\_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

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d. Describe methods of waste removal and building sanitation used and specific problems encountered: \_\_\_\_\_

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e. Describe the method used to load and transport hogs and any specific problems encountered: \_\_\_\_\_

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2. Feeding

a. Describe the type of feeding system used: \_\_\_\_\_

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b. Describe the problems the client encounters operating various feeding tools and equipment (e.g.: shovels, pitchforks, buckets, scoops, grain carts, feed wagons):

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c. Can the client reach and activate controls on feeding equipment independently?

\_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Can the client carry out routine maintenance on feeding equipment? \_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Beef

*Does Not Apply*\_\_\_\_\_

1. Facilities

a. Types of facilities used (e.g.: confinement building, feedlot fenced pasture):

\_\_\_\_\_

b. Can the client enter the facilities independently? \_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Can the client access and handle beef cattle for medical treatment, dehorning, etc.?

\_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Describe methods of waste removal and building sanitation used and specific problems encountered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Describe the method used to load and transport beef cattle and any specific problems encountered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Feeding

a. Describe the type of feeding system used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Describe the problems the client encounters operating various feeding tools and equipment (e.g.: shovels, pitchforks, buckets, scoops, grain carts, feed wagons):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Can the client reach and activate controls on feeding equipment independently?

\_\_\_Yes \_\_\_No

If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- d. Can the client carry out routine maintenance on feeding equipment? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Sheep

*Does Not Apply* \_\_\_\_\_

1. Facilities

- a. Types of sheep handling facilities used (e.g.: fenced pasture, woodshed, sheep yards):

\_\_\_\_\_  
\_\_\_\_\_

- b. Can the client enter and operate within the facilities independently? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- c. Can the client handle sheep for medical treatment, drenching, etc.? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- d. Can the client load and unload sheep for transport? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- e. Describe the methods of waste removal and building sanitation used and specific problems encountered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Feeding

- a. Describe the type of feeding system used and specific problems encountered:

\_\_\_\_\_  
\_\_\_\_\_

- b. Describe the problems the client encounters operating various feeding tools and equipment (e.g.: shovels, pitchforks, buckets, scoops, grain carts, feed wagons):

\_\_\_\_\_  
\_\_\_\_\_

3. Shearing/Wool Handling

- a. Describe the problems the client encounters shearing such as mustering and penning:

\_\_\_\_\_  
\_\_\_\_\_

- b. Can client use wool shearing and handling equipment? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- c. Does the client use a trained sheep dog? \_\_\_Yes \_\_\_No

E. Horses

1. Facilities

- a. Type of horse handling facilities used (e.g.: fenced pasture, corrals, box stalls, exercise yards): \_\_\_\_\_  
\_\_\_\_\_
- b. Can the client operate within the facilities independently? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_  
\_\_\_\_\_
- c. Can the client handle his/her horses for medical treatment, hoof trimming, grooming, etc.? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_  
\_\_\_\_\_
- d. Can the client load and unload his/her horses for transport? \_\_\_Yes \_\_\_No  
If no, describe the specific barriers: \_\_\_\_\_  
\_\_\_\_\_
- e. Describe the methods of waste removal and building sanitation used and specific problems encountered: \_\_\_\_\_  
\_\_\_\_\_

2. Feeding

- a. Describe the type of feeding system used and specific problems encountered: \_\_\_\_\_  
\_\_\_\_\_
- b. Describe the problems the client encounters using various feeding tools and equipment (e.g.: shovels, pitchforks, buckets, scoops, grain carts): \_\_\_\_\_  
\_\_\_\_\_

3. Saddles and Harnesses

- a. Describe the problems the client encounters saddling his/her horse: \_\_\_\_\_  
\_\_\_\_\_
- b. Can client independently mount his/her horse? \_\_\_Yes \_\_\_No  
If no, what are the barriers encountered? \_\_\_\_\_  
\_\_\_\_\_
- c. Can the client independently harness his/her horse for use with a trailing implement or vehicle? \_\_\_Yes \_\_\_No  
If not, what are the barriers encountered? \_\_\_\_\_  
\_\_\_\_\_

F. Other livestock (e.g.: poultry, rabbits, llamas)

*Does Not Apply* \_\_\_\_\_

1. Facilities

a. Types of facilities used: \_\_\_\_\_  
 \_\_\_\_\_

b. Can the client enter and work in the facilities independently? \_\_\_Yes \_\_\_No  
 If no, describe the specific barriers: \_\_\_\_\_  
 \_\_\_\_\_

c. Can the client access and handle the animals? \_\_\_Yes \_\_\_No  
 If no, describe the specific barriers: \_\_\_\_\_  
 \_\_\_\_\_

d. Describe the methods of waste removal and building sanitation used and specific  
 problems encountered: \_\_\_\_\_  
 \_\_\_\_\_

2. Feeding

a. Describe the type of feeding system used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Describe the problems the client encounters operating various feeding tools and equip-  
 ment (e.g.: shovels, pitchforks, buckets, scoops, grain carts, feed wagons):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

G. Completing livestock health care and production tasks

Check those tasks that are difficult to perform and describe the problems they present:

Task	Problem
___ Vaccination	_____
___ Artificial insemination	_____
___ Dehorning	_____
___ Drenching	_____
___ Hoof trimming	_____
___ Clipping teeth	_____
___ Spraying insecticide	_____
___ Ear tagging	_____
___ Branding	_____
___ Castration	_____
___ Loading for transport	_____
___ Other _____	_____
___ _____	_____
___ _____	_____
___ _____	_____
___ _____	_____

H. Accessing outdoor livestock areas

*Does Not Apply*\_\_\_\_\_

1. Gates

Type of gate

Type of latch or securing mechanism

Problems

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Types of fences used (e.g.: electric, woven wire, barbed wire, H.T. wire):

\_\_\_\_\_  
\_\_\_\_\_

3. Can the client access outdoor livestock independently?  Yes  No

If no, explain specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Does client have access to an ATV or utility vehicle for outdoor mobility?  Yes  No

**8. DOMESTIC FARM ANIMALS**

A. Farm Dogs

Can the client access the dogs for feeding, medical treatment, etc.?  Yes  No

If no, describe specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Cats

Can the client access the cats for feeding, medical treatment, etc.?  Yes  No

If no, describe specific barriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**9. ORCHARDS, WOOD LOTS AND GARDENS**

A. Orchards

*Does Not Apply*\_\_\_\_\_

1. Describe the type of layout and the contribution the orchard makes to the overall farm/ranch operation (e.g.: family use, U-pick, commercial production, roadside market):

\_\_\_\_\_  
\_\_\_\_\_

2. Note specific problems the client faces in completing orchard maintenance and fruit harvesting (e.g.: spraying, pruning, harvesting, processing and transporting fruit):

\_\_\_\_\_  
\_\_\_\_\_

B. Wood Lots (including Christmas trees)

*Does Not Apply*\_\_\_\_\_

1. Describe the layout and the contribution the wood lot makes to the overall farm/ranch operation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Note specific problems the client faces in maintaining the wood lot and harvesting timber (e.g.: planting and trimming trees, splitting firewood transporting timber):

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C. Gardens

*Does Not Apply* \_\_\_\_\_

1. Describe the type of garden and the contribution it makes to the overall farm/ranch operation (e.g.: family use, U-pick, commercial production, roadside market):

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2. Note specific problems the client encounters completing gardening tasks (e.g.: soil preparation, planting, spraying, cultivation, harvesting and processing produce):

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**10. FARM MANAGEMENT ACTIVITIES**

- A. Is the client currently responsible for maintaining the farm business records? \_\_\_Yes \_\_\_No  
1. If yes, will he/she be able to continue? \_\_\_Yes \_\_\_No  
2. If no, who will? \_\_\_\_\_

- B. Are the farm records computerized? \_\_\_Yes \_\_\_No  
1. If yes, what type of system is being used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. If no, is computerization being considered? \_\_\_Yes \_\_\_No

- C. Is the client responsible for most of the sales and purchases related to the business?  
\_\_\_Yes \_\_\_No  
If no, who is? \_\_\_\_\_

- D. Is the client responsible for labor management (finding, hiring, and training)? \_\_\_Yes \_\_\_No  
If no, who is? \_\_\_\_\_

**11. ADDITIONAL VOCATIONAL SKILLS**

- A. Prior and current off-farm employment and experiences and approximate dates:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

B. Military service (including technical training received) and approximate dates:

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C. Leadership skills

1. Organizational involvement (e.g.: Farm Bureau, Grange, Extension, 4-H, FFA):

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2. Offices held:

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D. Describe vocational interests other than farming:

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E. Indicate the highest grade level completed and list any additional training or education received since leaving high school:

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## 12. ESTABLISHING PRIMARY GOALS

A. Have the client prioritize the following goal areas concerning worksite accessibility, with #1 indicating the highest priority.

\_\_\_\_\_ Improve overall mobility or accessibility around farmyard, buildings, and fields.

\_\_\_\_\_ Improve livestock-handling abilities related to feeding methods, health-care needs, waste removal, and building sanitation.

\_\_\_\_\_ Improve ability to effectively and safely use equipment and machinery, including accessing, operating, and maintaining equipment and hitching implements.

\_\_\_\_\_ Improve ability to perform general maintenance activities around the farm, including effective use of hand tools, power tools, and maintenance materials.

\_\_\_\_\_ Improve ability to manage farm/ranch operation successfully, including the maintenance of business records, sales and purchases, and labor management activities.

\_\_\_\_\_ Identify an alternative farm enterprise which would better suit personal goals and abilities.

\_\_\_\_\_ Obtain part- or full-time off-farm employment.

\_\_\_\_\_ Other \_\_\_\_\_

B. For each of the high priority primary goal areas identified above, list both long-term and short-term objectives that the client wishes to establish. Add extra pages as necessary.

1. Goal area ranked #1: \_\_\_\_\_

**Long-term objectives**

a. \_\_\_\_\_  
\_\_\_\_\_

b.

---

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c.

---

---

d.

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**Short-term objectives**

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_
- d. \_\_\_\_\_  
\_\_\_\_\_

2. Goal area ranked #2: \_\_\_\_\_

**Long-term objectives**

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_
- d. \_\_\_\_\_  
\_\_\_\_\_

**Short-term objectives**

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_
- d. \_\_\_\_\_  
\_\_\_\_\_

3. Goal area ranked #3: \_\_\_\_\_

**Long-term objectives**

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_

