**Work capabilities checklist: Teachers** CM08(a)

**Privacy Notice:** The Department of Education is collecting information on the below employee’s health and its impact on work in accordance with the department’s Workplace Rehabilitation procedures, to support the provision of a workplace rehabilitation program. The information will only be accessed by a Rehabilitation and Return to Work Coordinator, to facilitate the employee’s workplace rehabilitation. Some of this information may be given to WorkCover Qld, QSuper or other insurer, a treating doctor or allied health professional or a doctor appointed by the department for the purpose of informing rehabilitation options. Information relevant to the impact of an injury/illness upon an employee’s work may be discussed with a supervisor for the purpose of identifying rehabilitation options. Information may also be discussed with Regional or Central Office Organisational Health and Human Resources employees. An employee’s information will not be given to any other person or agency unless authorised by the employee or required by law.

Action required: To be completed by treating medical practitioner or allied health professional and returned to the Rehabilitation and Return to Work Coordinator to aid the development of a rehabilitation and return to work program.

I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is suffering from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

He/She will be capable of performing the following duties from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

□ Full time □ Part time \_\_\_\_\_ hours per day \_\_\_\_\_\_\_ days/week

School/Location those duties are performed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teaching activities** | **Yes** worker can perform these duties | **No** they cannot perform these duties | **Restricted or limited** with the limitations/ restrictions as noted | **Please provide details of**  **limitations/restrictions** |
| Projecting voice (e.g. across classroom/playground) | □ | □ | □ |  |
| Manage a full class of students (30) for: □ half day □ full day | □ | □ | □ |  |
| Manage a small group of students for: □ half day □ full day | □ | □ | □ |  |
| Providing support to another teacher, including working collaboratively in delivering lessons | □ | □ | □ |  |
| Planning lessons | □ | □ | □ |  |
| Monitoring and managing the behaviour of students | □ | □ | □ |  |
| Communicating and interacting with students appropriately | □ | □ | □ |  |
| Meet the required duty of care to provide a safe environment for students and ensure positive learning outcomes | □ | □ | □ |  |
| Working as part of a team, including communicating with other staff members | □ | □ | □ |  |
| Communicating with parents | □ | □ | □ |  |
| Writing on the blackboard/whiteboard | □ | □ | □ |  |
| Assessing students’ work | □ | □ | □ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Non-teaching activities** | **Yes** worker can perform duties | **No** they cannot perform duties | **Restricted or limited** limitations/ restrictions as noted | **Please provide details of**  **limitations/restrictions** |
| Standing for longer than 2 hours | □ | □ | □ |  |
| Walking up stairs | □ | □ | □ |  |
| Bending | □ | □ | □ |  |
| Repetitive bending | □ | □ | □ |  |
| Turning, twisting or extending | □ | □ | □ |  |
| Lifting hand or hands above head | □ | □ | □ |  |
| Sitting position only | □ | □ | □ |  |
| Sitting on low level chairs | □ | □ | □ |  |
| Lifting weights more than \_\_\_\_\_\_ kg | □ | □ | □ |  |
| Keyboarding and computer work | □ | □ | □ |  |
| Concentration on tasks for longer than \_\_\_\_\_\_ min/hrs | □ | □ | □ |  |
| Interacting with other staff | □ | □ | □ |  |
| Extracurricular activities | □ | □ | □ |  |

**Other (please specify):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGNATURES**

Treating Medical Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

Rehabilitation & Return to Work Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_