**JOB DEVELOPMENT PROGRESS REPORT**

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| --- | --- |
| **Individual Information** | |
| Name of Person: | Authorization number: |
| Provider: | Date of Report: |
| Program:  Job Placement  Supported Employment  Evidence-Based Supported Employment | |
| Dates of completed sessions: | |
| Dates of missed sessions:  No call or show  Person cancelled \_\_\_\_\_\_\_ hours before session time  Reason for cancellation: | |
| **Current stressors** | |
| Enter X in appropriate boxes:  Health problem or pain Vocational issues at current job  Family issues  Issues related to seeking employment or current work  Financial issues  Issues related to training or school  Relationship issues  Issues related to poor support system  Housing issues  Sobriety issues  Other: Specify  Comments: | |
| **Job Development** | |
| ***Vocational Interest***. Target area of employment identified in PCEP and IPE, current employment goal. | |
| ***Job Development Activity/ Customized Employment Strategy (when authorized)***  This can be either at a potential place of employment (What business? Who did you talk to? Were you representing the job seeker or did s/he participate? Did you conduct a job analysis?) OR other job development activity not at a potential employer (resume writing, interview prep, rehabilitation technology, referral etc.) | |
| ***Purpose***  Why this particular place for employment? Or why this other activity? Tie in how it relates to your PCEP or leads from other potential employers. | |
| ***Results***  What did you learn about: job seeker, potential employer, employment site, and/or resource?   * What did you learn about the type of work done in this company? The culture of the company? The people? * How does this potential job site match (or differ from) the job seekers’ interests, skills, preferred characteristics of a job? * Did you notice any unmet need within the company? Is there possibility for customized employment? Explain what you learned and/or want to further explore. * If the activity was not on a job site – what did you learn from the activity? | |
| **Prognosis Toward Employment Readiness** | |
| Enter X in appropriate boxes:  Very poor Poor Fair Good Excellent Deferred pending additional resources  Comments: | |
| **Impediments Affecting Progress Toward Employment Readiness** | |
| Enter X in appropriate boxes:  Undiagnosed or untreated disability  Personality disorder  Needs physician consultation or treatment, including medication needs  Lack of stability without housing  Lack of stability with sobriety  Poor support system  Still very early in the process of adjustment to disability  Needs more education or treatment – stress management, pain management, gaining insight  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: | |
| **Progress Toward Current Employment Goals** | |
| Has a change in goal/s been discussed? YES NO  If YES, please discuss with VR Specialist, list date of contact and summarize agreement here: | |
| Are there additional barriers or new strategies to alleviate existing barriers to employment beyond those described on the Person Centered Employment Plan (PCEP)?  YES  NO  If YES, please specify and identify barriers and strategies that you utilized: | |
| ***Barrier*** | ***Strategy*** |
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| Please note any barriers that have been alleviated in this past month and how this was achieved. | |
| Please note any additional concerns with obtaining and maintaining employment and the plan to alleviate these concerns. | |
| Are there any changes anticipated in job development (goal, geographic region, etc.) over the coming month?  YES NO  If YES, please explain. | |
| **Other Recommendations for Counselor Consideration** | |
| Enter X in appropriate boxes:  Assistance with earning GED  Referral to a pain management program  Psychiatric consultation  Consultation with physician  Psychological evaluation – document possible LD for obtaining accommodations  Neurological evaluation. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments    Other Comments: | |
| **Next Steps** | |
| Time and date of next activity; what else needs to be explored?   * What are you going to do next? What do you need to learn? * Where are you going to go? Who will you speak with? * What is your role/ role of the jobseeker? | |
| Job Developer/ Coach Name: | Title: |
| Signature: | Date: |

Encl. Job Search Service Log

**JOB SEARCH SERVICE LOG**

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| --- | --- | --- | --- | --- | --- |
| **Identifying Information** | | | | | |
| Jobseeker’s Name: | | | VR Specialist: | | |
| Provide a summary of each contact, including a description of the job search activities performed, level of the person’s participation and any necessary follow-up required/ performed, etc. The Job Search Service Log must be signed by the Job Developer/ Coach and Provider Administrator/ Program Coordinator. Attach additional sheets as necessary. | | | | | |
| **Date** | **Service Hours** | **Summary of Contact** | | **Method of Contact** | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
|  |  |  | | Face-to-face  Phone  Email  SMS  Other(Specify): | |
| **CERTIFICATION** | | | | | |
| I, the Job Developer/ Employment Specialist, certify that:   * The above dates, times, and services are accurate; * I personally provided all services or supervised the Job Skills Trainer who provided the services; * I documented the services and information described above in the report. | | | | | |
| Job Developer/ Employment Specialist Signature: | | | | | Date: |
| Provider Administrator/ Designee’s Signature: | | | | | Date: |