**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 timeReason 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?

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| **Prognosis Toward Employment Readiness** |
| Enter X in appropriate boxes:[ ] Very poor [ ] Poor [ ] Fair [ ] Good [ ] Excellent [ ] Deferred pending additional resourcesComments:      |
| **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 [ ] NOIf 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 [ ]  NOIf YES, please specify and identify barriers and strategies that you utilized: |
| ***Barrier*** | ***Strategy*** |
|       |       |
|       |       |
|       |       |
| 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 [ ] NOIf 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?

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| 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.
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| Job Developer/ Employment Specialist Signature:       | Date:       |
| Provider Administrator/ Designee’s Signature:       | Date:       |