**PLACEMENT INFORMATION REPORT**

**JOB PLACEMENT (JP)**

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| --- |
| **Individual Information** |
| Name of Person:      | Counselor:      |
| Provider:       | Date of Report:      |
| **Employment Information** |
| Person’s job title:      | Start Date:      | [ ] Full time [ ] Part time |
| Employer name:      | Address:      | City, State:      | ZIP code:      |
| Supervisor:      | Supervisor Title:      | Supervisor contact information:      |
| Hours per week:      | Days per week:      | Hourly rate: $     |
| *Job Description.* Detailed description of the person’s job duties.      |
| *Benefits.* Is the person receiving benefits for this employer – if so, what type? Detail type and eligibility date.Medical benefits? [ ] YES [ ]  NOOthers:      |
| **Placement Checklist** |
| Review and respond to the following questions as they relate to the person’s placement. Provide comments to support or explain your responses in the comment section below: | YES | NO |
| 1. Is the person satisfied with the job placement?
 | [ ]  | [ ]  |
| 1. Is the job consistent with the employment goal agreed by the person and the VR specialist?
 | [ ]  | [ ]  |
| 1. Is the placement in an integrated setting where persons without disabilities work in the same position as the person served by RSA?
 | [ ]  | [ ]  |
| 1. Do the wage and working conditions conform to federal and Washington DC (or applicable state) laws including laws regarding minimum wage?
 | [ ]  | [ ]  |
| 1. Are the person’s wage and benefits not less than those paid by the employer to workers who do not have a disability doing the same or similar work?
 | [ ]  | [ ]  |
| 1. Are the all the monthly job development progress reports submitted until this placement?
 | [ ]  | [ ]  |
| Hiring Incentive Utilized: [ ] WTO [ ]  OJT [ ]  Tax Credit [ ]  Others     COMMENTS:      |
| **Placement Supports Checklist** |
| ***Retention concerns.*** Indicate if the following have been addressed or needs to be addressed; provide additional explanation where appropriate, and used N/A for items that do not apply: |
|  | Addressed | Needs to be addressed | N/A | Assistance/ Coordination by: |
| On-site support/ job coaching | [ ]  | [ ]  | [ ]  |       |
| Reporting earnings to social security | [ ]  | [ ]  | [ ]  |       |
| Appearance/ Hygiene | [ ]  | [ ]  | [ ]  |       |
| Punctuality | [ ]  | [ ]  | [ ]  |       |
| Job Accommodation | [ ]  | [ ]  | [ ]  |       |
| Transportation/ Navigation to Work | [ ]  | [ ]  | [ ]  |       |
| Child care | [ ]  | [ ]  | [ ]  |       |
| Work clothes | [ ]  | [ ]  | [ ]  |       |
| Safety instruction | [ ]  | [ ]  | [ ]  |       |
| Therapy/ medical treatment | [ ]  | [ ]  | [ ]  |       |
| Employee orientation | [ ]  | [ ]  | [ ]  |       |
| Plan to elicit regular supervisor and individual feedback | [ ]  | [ ]  | [ ]  |       |
| Job skills training needs | [ ]  | [ ]  | [ ]  |       |
| Waiver: off-site coaching | [ ]  | [ ]  | [ ]  |       |
| Family/ friends/ coworkers (as natural supports) | [ ]  | [ ]  | [ ]  |       |
| Others(please specify) | [ ]  | [ ]  | [ ]  |       |
| Comments/ Recommendations:      |
| **Verification of Employment** |
| [ ]  Employment offer letter [ ]  Employer certification [ ]  Other:      (Attach verification document to this report) |
| **Certification** |
| I, the Employment Specialist certify that: the documented services and information described herein are true and correct. |
| First and Last name of Employment Specialist:      | Position Title:      |
| Signature:      | Date:      |

Encl. Verification of Employment document