**JOB STABILIZATION PROGRESS REPORT**

**JOB PLACEMENT (JP)**

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| **Person Information** |
| Name of Person:      | Authorization number:      |
| Provider:       | Reporting Period:      |
| **Employment Information** |
| Person’s job title:      | Start Date:      | [ ] Full time [ ] Part time |
| Employer Name:      | Address:      | City, State:      | ZIP code:      |
| Hours per week:     Change from last month?[ ] YES [ ]  NOIf YES, previous # hours:       | Days per week:     Change from last month?[ ] YES [ ]  NOIf YES, previous # days:       | Hourly rate: $     Change from last month?[ ] YES [ ]  NOIf YES, previous $ rate:      |
| **Job Coaching Information (When Authorized)** |
| Dates of actual Job coaching:      ,      ,      ,      ,      ,      ,           ,      ,      ,      ,      ,      ,      Frequency of Job Coaching: [ ]  2x/week [ ]  3x/week [ ]  4x/week [ ]  Other     Hours per day:      [ ] Reduced from last month [ ]  Increased from last month [ ]  Same |
| **Skill and Work Behavior Assessment** |
| ***General Directions:*** Please do not leave any item unanswered.Please rate this person based on how often the skill or behavior is demonstrated (% of the time/ OTT): |
| **1**Skill never/ not demonstrated | **2**Rarely(up to 30% OTT**)** | **3**Sometimes(up to 65% OTT) | **4**Most of the time(up to 85% OTT) | **5**Always |
| ***Entry Level Skills*** | Week 1      | Week 2      | Week 3      | Week 4      |
| Completes work accurately |       |       |       |       |
| Completes work on time |       |       |       |       |
| Completes work to employer standards of quality |       |       |       |       |
| Follows work-related rules and regulations |       |       |       |       |
| Demonstrates willingness to work |       |       |       |       |
| Exhibits appropriate interpersonal skills |       |       |       |       |
| Displays responsible behaviors at work |       |       |       |       |
| Adheres to attendance expectations |       |       |       |       |
| Demonstrates punctuality |       |       |       |       |
| Manages time well |       |       |       |       |
| Demonstrates organization in work activities |       |       |       |       |
| Communicates well with others |       |       |       |       |
| Displays appropriate hygiene |       |       |       |       |
| Other:       |       |       |       |       |
| Comments:      |
| ***Related Job Retention Activities*** | Week 1      | Week 2      | Week 3      | Week 4      |
| Displays initiative |       |       |       |       |
| Utilizes sound coping skills (communicates, solve problems, etc.) |       |       |       |       |
| Is able to learn new responsibilities |       |       |       |       |
| Demonstrates ability to deal with change |       |       |       |       |
| Complies with health and safety rules |       |       |       |       |
| Exhibits self-direction |       |       |       |       |
| Can work as part of a team |       |       |       |       |
| Demonstrates willingness to take instruction |       |       |       |       |
| Accepts direction and feedback from supervisor |       |       |       |       |
| Displays knowledge of workplace policy and ethics |       |       |       |       |
| Asks appropriate questions |       |       |       |       |
| Makes sound decisions |       |       |       |       |
| Attends and participates in meetings and work related activities |       |       |       |       |
| Other:       |       |       |       |       |
| Comments: |
| *If there are limitations in any of the above areas, these concerns must be discussed with this person and the VR Specialist. A plan of corrective action should be agreed upon and implemented to ensure improvement for job retention.* |
| **JOB TASKS PROGRESS** |
| List the job tasks required for this position and update progress from last month: |
| JOB TASK | PERFORMING? | ACHIEVEMENT LEVEL | BASIS |
| YES | NO |  |
|       | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
|       | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
|  | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
|  | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
|  | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
|  | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
|  | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
|  | [ ]  | [ ]  | [ ] Limited [ ]  Average[ ] Above Average [ ] Excellent | [ ] Direct Observation[ ] Person self-report[ ] Supervisor report |
| **Person Performance** |
| Describe how this person has adjusted to his/her job, including any problematic issues or concerns that emerged and how they were addressed:       |
| Describe the evidence to support this person’s and, if applicable, this person’s legal representative’s (family member or other) satisfaction with the job and the work environment.      |
| Does this person’s job performance meet the employer’s expectations?[ ] Superior [ ]  Satisfactory [ ]  Needs ImprovementComments:      |
| Identify areas of performance or behavior that require improvement and note strategies that will address these areas. Describe what types, methods, and strategies were used in training this person and the effectiveness of the training provided:      |
| What new support or accommodation needs (if any) were identified during this period, and how were they addressed?      |
| List any changes or additions to the natural supports noted in last month’s Progress report:      |
| How does this person work with the employment specialist (or job coach)?      |
| Does the employer provide regularly scheduled feedback on performance?      |
| NEXT STEPS:      |
| **Signature** |
| I, the 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.
 |
| First and Last name of Employment Specialist:      | Position Title:      |
| Signature:      | Date:      |

Encl. Job Stabilization Service Log

**JOB STABILIZATION SERVICE LOG**

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| **Identifying Information** |
| Person’s Name:      | VR Specialist:      |
| Provide a summary of each contact, including a description of the stabilization supports provided and/or job coaching activities performed, level of the person’s participation and any necessary follow-up required/ performed, etc. The Job Stabilization Service Log must be signed by the Employment Specialist / Job Coach and the Provider Administrator/ Program Coordinator/ Designee. 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):        |
| **CERTIFICATION** |
| I, the Employment Specialist / Job Coach, 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.
 |
| Employment Specialist/ Job Coach Signature:      | Date:      |
| Provider Administrator/ Designee’s Signature:      | Date:      |