**SUPPORTED EMPLOYMENT JOB STABILIZATION PROGRESS REPORT**

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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** |
| 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 business 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 |       |       |       |       |
| 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 repor |
|       | [ ]  | [ ]  | [ ] 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 |
| Identify any job duties, tasks, or production standards adjustments that have been removed or added to the position’s job description to make the position customized for the customer.      |
| Are this person’s job description changes documented in writing with the employer?[ ] YES [ ]  NO [ ]  NA |
| **Barriers and Strategies** |
| List ongoing needs to retain employment and strategies to meet those needs. |
| **Barriers** | **Strategies** |
| 1.       | 1.       |
| 2.       |
| 3.       |
| 2.       | 1.       |
| 2.       |
| 3.       |
| 3.       | 1.       |
| 2.       |
| 3.       |
| 4.       | 1.       |
| 2.       |
| 3.       |
| Describe the long term natural supports already in place (or being developed) and how they will assist in job retention (or in intermittent services): |
| **Natural Support** | **How does this assist in job retention?** |
| 1.       | 1.       |
| 2.       |
| 3.       |
| 2.       | 1.       |
| 2.       |
| 3.       |
| 3.       | 1.       |
| 2.       |
| 3.       |
| **Other Indicators** | **YES** | **NO** | **REMARKS** |
| Does this person know who to contact should any issues arise? | [ ]  | [ ]  | List name:      |
| Does this person understand the effect of income on benefits? | [ ]  | [ ]  |       |
| Is s/he interested and is there an opportunity to accomplish growth in wages or hours? | [ ]  | [ ]  | If YES, outline the plan for achieving one or both of these quality levels (time or rate) within the next 6 months. |
| Plan in achieving increase in time or rate within the next 6 months.      |
| **Needed Accommodations** |
| Are the necessary modifications and/or accommodations made at the worksite to ensure this person’s success? [ ]  YES [ ]  NO [ ]  N/A |
| If you answered YES, identify any physical, cognitive or mental requirements or environmental demands of the job position that have been accommodated to make the position customized for this person. Identify how the requirement has been accommodated. |
| **Requirement or Demand Related to the****Person’s Employment** | **Accommodation or Solution Related to the Requirement or Demand** |
|       |       |
|       |       |
|       |       |
|       |       |
| If you answered NO or N/A, record why.      |
| Are this person’s accommodations for the physical, cognitive or mental requirements or environmental demand documented with the employer? [ ]  YES [ ]  NO [ ]  N/A |
| If YES, describe when and where it was documented with the employer. If NO or N/A, record why.      |
| Describe the necessary modifications and accommodations that have been made at the worksite related to accessibility to ensure this person’s success.      |
| Does the consumer have a reliable transportation to and from work, and is a backup transportation plan in place? [ ]  YES [ ]  NO [ ]  N/AIf you answered YES, describe the primary and secondary transportation plan. If you answered NO or N/A, explain why.      |
| **Consumer Satisfaction** |
| Provider should assist this person in completing the job satisfaction survey below: |
| **Survey** | **YES** | **NO** | **COMMENTS** |
| Are you satisfied with your job? | [ ]  | [ ]  |       |
| Do you have any problems getting to work each day? | [ ]  | [ ]  |       |
| Do you feel you need additional help in any of your current work responsibilities? | [ ]  | [ ]  |       |
| Do you feel you have adequate opportunity to communicate with your supervisor? | [ ]  | [ ]  |       |
| **Employer’s Satisfaction** |
| Is the employer satisfied with this person’s performance? | [ ]  | [ ]  |       |
| Has the employer identified areas for improvement? | [ ]  | [ ]  |       |
| If YES, has an action plan been developed to meet these expectations? Please describe in space below. | [ ]  | [ ]  |       |
| **Plan of Action:**      |
| **Considerations** |
|  | YES | NO | **COMMENTS** |
| Is there an expected need for VR services beyond extended services (i.e. tools, clothing, equipment, transportation?) | [ ]  | [ ]  |       |
| Will this person have the opportunity to increase hours and/or wages in this position? | [ ]  | [ ]  |       |
| Will this person have the opportunity to receive health care or other benefits from the employer or other sources? | [ ]  | [ ]  |       |
| Please list sources and types of benefits.      |
| **Additional Closure Requirements** |
| Is this person earning less than Washington DC or applicable state minimum wage? [ ]  YES Rate: $      [ ]  NO |
| If earning less than minimum wage, what is the plan to help this person towards achieving competitive employment or reaching minimum wage level? Target minimum wage: rompttttttingENTase do not hesitate to call 202-XXX-XXXX or email firstname.lastname@dc.gov ed onthe Target minimum wage:       |
| *Goal/s* | *Milestone* | *Rate* | *Timeline* | *Target Date* |
| *i.e. To increase rate by $0.25* | *Production rate increased to 80% with minimal prompts* | *$7.50* | *Every 6 months* | *Dec. 2014* |
|       |       |       |       |       |
|       |       |       |       |       |
| Extended Funding Source will be:[ ] DBH(for EBSE) [ ] DDA (for Medicaid Waiver) [ ] Ticket to Work (SSI/SSDI) [ ] N/A(Unpaid Natural Supports) |
| NEXT STEPS:      |
| **Signature** |
| I, the Supported 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 Supported 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):  |
|       |       |       | [ ]  Face-to-face [ ]  Phone[ ]  Email [ ]  SMS[ ]  Other(Specify):  |
| **CERTIFICATION** |
| I, the 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:      |