

# Department on Disability Services Rehabilitation Services Administration

1125 15<sup>th</sup> Street N.W. Washington, D.C. 20005 202-442-8450 • <u>www.dds.dc.gov</u>

### **JOB COACHING PROGRESS REPORT - DAY 30**

| Person Information   |   |                       |                               |                   |  |
|--|---|-----------------------|-------------------------------|-------------------|--|
| Name of Person:<br>Mateo Ramírez   |   | Authorization number: |                               |                   |  |
| Provider:  |   | Reporting Period:     |                               |                   |  |
|  | Employme  | ent Informat          | ion                           |                   |  |
| Person's job title:<br>Administrative Assistar   | Start Date:<br>April 1, 2024  |                       | Full time                     | Part time         |  |
| Employer Name:<br>Tech Solutions Inc.  | Address:<br>1100 K Street NV  | /, Washingtc          | City, State:<br>Washington, [ | ZIP code:<br>D.C. |  |
| Hours per week: 40   | Days per week: 5  |                       | Hourly rate: \$               | \$24.00           |  |
|  | Job Coach   | ing Informa           | tion                          |                   |  |
| Dates of actual Job co   | aching: , ,   | ,                     | , ,                           | , .               |  |
|  | , ,   | ,                     | , ,                           | , .               |  |
| Frequency of Job Coa<br>Hours per day:   | ching: 2x/week  | 3x/week               | 4x/week                       | Other             |  |
|  | *Job  | Analysis              |                               |                   |  |
| Number of employees in this company at this location:  Number of employees without disabilities in immediate area(50 ft. radius):  Number of other employees with disabilities:  In immediate area (50 ft. radius):  Number of other employees in this position: |   |                       |                               |                   |  |
| Indicate the most appr   | Please do not leave any i<br>opriate response for eac<br>ers, supervisors, and cow<br>n for greater detail. | h item based          | on the observ                 |                   |  |
| AREA/ DOMAIN   | INDICATORS  | YES                   | NO                            | COMMENTS          |  |
| 1. Schedule  | Weekend work required   |                       | <u> </u>                      |                   |  |
|  | Evening work required   |                       | •                             |                   |  |
| 2. Travel  | Public transportation   | <u> </u>              |                               |                   |  |
|  | Private transportation  |                       | <u> </u>                      |                   |  |
| 3. Job benefits  | None  |                       |                               |                   |  |
|  | Sick leave  | <u> </u>              |                               |                   |  |
|  | Medical/ health benefits  |                       |                               |                   |  |
|  | Paid leave  | •                     |                               |                   |  |



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|                        | Dental benefits                                  |                       |  |  |
|------------------------|--|-----------------------|--|--|
|                        | Employee discounts                               |                       |  |  |
|                        | Free or reduced meals                            |                       |  |  |
|                        | Other:   |                       |  |  |
| 4. Strength – Lifting  | ☐Very light work (<10 lbs)                       | )                     |  |  |
| and Carrying           | Light work (10-20-lbs)                           |                       |  |  |
|                        | Average work (30-40 lbs                          |                       |  |  |
|                        | Heavy work (>50 lbs)                             |                       |  |  |
| 5. Endurance           | Work required for:                               |                       |  |  |
|                        | <pre></pre> <pre>&lt; 2 hours</pre>              | 2-3 hours             |  |  |
|                        | ☐3-4 hours                                       | •]>4 hours            |  |  |
| 6. Orientation to      | ☐Small area ☐one roo                             | om 🔳 several rooms    |  |  |
| Place                  | ☐Building wide ☐                                 | building and grounds  |  |  |
| 7. Accessibility       | ■Fully accessible site                           | Accessibility issues  |  |  |
| 8. Work Pace           | ☐Slow pace                                       | ■Average space        |  |  |
|                        | ☐Sometimes fast pace                             | ☐Continual fast pace  |  |  |
| 9. Appearance          | ☐Grooming of little import                       | ance                  |  |  |
| Requirements           | Cleanliness only required                        |                       |  |  |
| ·                      | ■Neat and clean required                         |                       |  |  |
|                        | ☐Grooming very important                         |                       |  |  |
| 10.Communication       |  | y words/ signs needed |  |  |
| Required               | Unclear speech accepted                          |                       |  |  |
| ·                      | Clear speech in sentences/ signs needed          |                       |  |  |
| 11. Social Interaction | Social interactions:                             |                       |  |  |
|                        | ■Not required                                    |                       |  |  |
|                        | Required infrequently                            | Required frequently   |  |  |
| 12. Attention to Task  | ☐Frequent prompts availa                         | able                  |  |  |
| Perseverance           | ☐Intermittent prompts/ low supervision available |                       |  |  |
|                        | Intermittent prompts/ high supervision available |                       |  |  |
|                        | ☐ Infrequent prompts/ low                        | supervision available |  |  |
| 13. Sequencing of      | ☐Only 1 task required at a time                  |                       |  |  |
| Job Duties             | ■2-3 tasks required in sequence                  |                       |  |  |
|                        | ☐4-6 tasks required in sec                       |                       |  |  |
|                        | ☐7 or more tasks required                        | d in sequence         |  |  |
| 14. Initiation of Work | ☐ Initiation of Work require                     | ed                    |  |  |
| Motivation             | □Volunteering helpful                            |                       |  |  |
|                        | ☐Coworker support availa                         | able                  |  |  |
| 15. Daily Changes in   | ☐7 or more changes                               | 2-3 task changes      |  |  |
| Routine                | ☐4-6 task changes                                | ☐ No task change      |  |  |
| 16.Reinforcement       | Frequent reinforcement available                 |                       |  |  |
| Available              | ■ Reinforcement intermittent (daily)             |                       |  |  |
|                        | ☐Reinforcement infrequer                         | nt (weekly)           |  |  |





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|                          | ☐Minimal reinforcement (pay check)                      |  |  |
|--------------------------|---|--|--|
| 17.Coworker              | ■None available ■Low to minimum potential               |  |  |
| Supports                 | ☐Intermittent potential ☐ High potential                |  |  |
| Available                |   |  |  |
| 18. Supportive of Job    | ■Very supportive  Supportive with reservations          |  |  |
| Accommodations           | ☐Indifferent ☐Negative ☐ Unknown                        |  |  |
| 19. Opportunity for      | □Low to minimum □ Average                               |  |  |
| Career                   | ■Most probable  |  |  |
| Advancement              | No procedures in place                                  |  |  |
| 20.Object                | ☐Does not need to distinguish between work              |  |  |
| Discrimination           | supplies  |  |  |
|                          | ☐Must distinguish between work supplies with an         |  |  |
|                          | external cue  |  |  |
|                          | ☐Must distinguish between work supplies                 |  |  |
| 21. Time Factor          | ☐Time factors not important                             |  |  |
|                          | ☐Must identify breaks/ meal/ etc.                       |  |  |
|                          | ■Must tell time to the hour                             |  |  |
|                          | ☐Must tell time to the minute                           |  |  |
| 22. Functional           | □None □Sight words/ symbols                             |  |  |
| Reading                  | ☐Simple reading ☐Fluent reading                         |  |  |
| 23. Functional Math      | ☐None ☐ Simple counting                                 |  |  |
|                          | ■Simple addition/subtraction                            |  |  |
|                          | Complex computational skills                            |  |  |
| 24. Visibility to Public | Person not visible Occasionally visible                 |  |  |
|                          | Regularly visible                                       |  |  |
|                          | ☐Visible throughout the day/ongoing                     |  |  |
| 25.Level of Social       | ☐ Employment in an integrated environment on a          |  |  |
| Contact                  | shift or position which is isolated. Contact with       |  |  |
|                          | coworkers or supervisor is minimal. Example: night      |  |  |
|                          | <u>janitor</u>  |  |  |
|                          | ☐Employment in an integrated environment on a           |  |  |
|                          | shift or position which is relatively isolated. Contact |  |  |
|                          | with coworkers or supervisor is available at lunch or   |  |  |
|                          | break. Example: Data entry position                     |  |  |
|                          | ■Employment in an integrated environment in a           |  |  |
|                          | position requiring a moderate level of                  |  |  |
|                          | interdependent tasking and coworker interaction.        |  |  |
|                          | Example: Office Service Aide – copying documents.       |  |  |
|                          | ☐Employment in an integrated environment in a           |  |  |
|                          | position requiring a high degree of interdependent      |  |  |
|                          | tasks and coworker interactions and/or high level of    |  |  |
|                          | contact with business customers. Example: Walmart       |  |  |





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| greeter  |          |        |                            |  |
|--|----------|--------|----------------------------|--|
| JOB TASKS IDENTIFICATION   |          |        |                            |  |
| List the job tasks required for this po  | osition: |        |                            |  |
| JOB TASK   | PERFO    | RMING? | ACHIEVEMENT                | BASIS                                    |
|  | YES      | NO     | LEVEL                      |  |
|  |          |        | Limited                    | ☐Direct Observation                      |
|  |          | _      | Average                    | Person self-report                       |
|  |          |        | Above Average              | ☐Supervisor report                       |
|  |          |        | ☐ Excellent                | Division Observation                     |
|  | Ш        |        | □Limited<br>□ Average      | ☐ Direct Observation☐ Person self-report |
|  |          |        | ☐ Average ☐Above Average   | Supervisor report                        |
|  |          |        | Excellent                  | Beaperviser repert                       |
|  |          |        | Limited                    | ☐Direct Observation                      |
|  | _        | _      | Average                    | ☐Person self-report                      |
|  |          |        | Above Average              | ☐Supervisor report                       |
|  |          |        | Excellent                  |  |
|  | Ш        |        | □Limited<br>□ Average      | ☐ Direct Observation☐ Person self-report |
|  |          |        | ☐ Average ☐Above Average   | Supervisor report                        |
|  |          |        | Excellent                  | Beapervisor report                       |
|  |          |        | Limited                    | ☐Direct Observation                      |
|  |          | _      | Average                    | Person self-report                       |
|  |          |        | Above Average              | ☐Supervisor report                       |
|  |          |        | ☐ Excellent ☐Limited       | ☐Direct Observation                      |
|  |          | Ш      | Average                    | Person self-report                       |
|  |          |        | ☐ Average ☐Above Average   | Supervisor report                        |
|  |          |        | Excellent                  |  |
|  |          |        | Limited                    | ☐ Direct Observation                     |
|  |          |        | Average                    | Person self-report                       |
|  |          |        | ■Above Average ■ Excellent | ☐Supervisor report                       |
|  |          |        | Limited                    | ☐Direct Observation                      |
|  |          |        | Average                    | Person self-report                       |
|  |          |        | ☐Above Average             | ☐Supervisor report                       |
|  |          |        | ☐ Excellent                |  |
| 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.      |          |        |                            |  |
|  |          |        |                            |  |
|  |          |        |                            |  |
|  |          |        |                            |  |
|  |          |        |                            |  |



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|   | at require improvement and note strategies that will methods, and strategies were used in training this provided: |  |  |
|---|---|--|--|
| What new support or accommodation needs were they addressed?  | (if any) were identified during this period, and how  |  |  |
| Identify and list potential natural supports:   |   |  |  |
| Next Steps:   |   |  |  |
| Signature   |   |  |  |
| <ul> <li>I, the Job Coach, certify that:</li> <li>The above dates, times, and services are accurate;</li> <li>I personally provided all services or supervised the Job Skills Trainer who provided the services;</li> <li>I documented the services and information described above in the report.</li> <li>First and Last name of Job Coach:</li> <li>Position Title:</li> </ul> |   |  |  |
| First and Last Hame of Job Coach.   | FOSITION THE.   |  |  |
| Signature:  | Date:   |  |  |

\*Job Analysis adapted from manual developed by VCU-RRTC: Supported Employment: A Customer-Driven Approach (1997)

Encl. Job Coaching Service Log



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### **JOB COACHING SERVICE LOG**

| Identifying Information  |   |                |                                  |  |  |
|--|---|----------------|----------------------------------|--|--|
| Person's N   |   | VR Specialist: |                                  |  |  |
| Mateo Ramírez  Provide a summary of each contact, including a description of the job coaching activities performed   |   |                | ob coaching activities performed |  |  |
|  | level of the person's participation and any necessary follow-up required/ performed, etc. The Job |                |                                  |  |  |
| Coaching 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<br>Hours  | Summary of 0   | Contact                          |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                | -                                |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
|  |   |                |                                  |  |  |
| CERTIFICATION  |   |                |                                  |  |  |
| I, the Job Coach, certify that:  |   |                |                                  |  |  |
| The above dates, times, and services are accurate;   |   |                |                                  |  |  |
| <ul> <li>I personally provided all services or supervised the Job Skills Trainer who provided the services;</li> <li>I documented the services and information described above in the report.</li> </ul> |   |                |                                  |  |  |
| Job Coach Signature:   |   | Date:          |                                  |  |  |
|  |   |                |                                  |  |  |
| Provider Administrator/ Designee's Signature:  |   | Date:          |                                  |  |  |
|  |   |                |                                  |  |  |



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