

SUPPORTED EMPLOYMENT INITIAL PLACEMENT INFORMATION REPORT

Individual Information				
Name of Person:		Counselor:		
Provider:		Date of Report		
Employment Information				
Person's job title:	Start Date:	<input type="checkbox"/> Full time		<input type="checkbox"/> 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 individual's job duties. Is this a customized employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how: <input type="checkbox"/> Customized thru Job Carving <input type="checkbox"/> Created to match the skills and accommodation needs of the job seeker <input type="checkbox"/> Reassigned from an existing job <input type="checkbox"/> Restructured from one or more existing jobs <input type="checkbox"/> Others (specify):				
Benefits. Is the person receiving benefits from this employer – if so, what type? Detail type and eligibility date. Medical benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO Paid leave? <input type="checkbox"/> YES <input type="checkbox"/> NO Others:				
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 this person satisfied with this job placement?			<input type="checkbox"/>	<input type="checkbox"/>
2. Is the job consistent with the employment goal agreed by the person and the VR specialist?			<input type="checkbox"/>	<input type="checkbox"/>
3. Is the placement in an integrated setting where persons without disabilities			<input type="checkbox"/>	<input type="checkbox"/>

work in the same position as the person served by RSA?		
4. Do the wage and working conditions conform to federal and Washington DC (or applicable state) laws including laws regarding minimum wage?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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?	<input type="checkbox"/>	<input type="checkbox"/>
6. Were all the monthly job development progress reports submitted until this placement?	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reporting earnings to social security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance/ Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation/ Navigation to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Therapy/ medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plan to elicit regular supervisor and individual feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job skills training needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waiver: off-site coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family/ friends/ coworkers (as natural supports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others(please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Verification of Employment and/or Customized Employment (CE):	
<input type="checkbox"/> Employment offer letter <input type="checkbox"/> Employer certification <input type="checkbox"/> Position description(for CE) <input type="checkbox"/> Other:	
(Attach verification document to this report)	
Anticipated Job Coaching Needs	
Frequency of Job Coaching: <input type="checkbox"/> 2x/week <input type="checkbox"/> 3x/week <input type="checkbox"/> 4x/week <input type="checkbox"/> Other: Hours of job coaching per day:	
Certification	
I, the Supported Employment Specialist certify that: the documented the services and information described herein are true, correct and have been verified.	
First and Last name of Supported Employment Specialist:	Position Title:
Signature:	Date:

Encl. Verification of Employment document