



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		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Person self-report <input type="checkbox"/> Supervisor report
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Person self-report <input type="checkbox"/> Supervisor report

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excellent	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Person self-report <input type="checkbox"/> Supervisor report
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Person self-report <input type="checkbox"/> Supervisor report
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Limited <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Person self-report <input type="checkbox"/> 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
Does this person know who to contact should any issues arise?		<input type="checkbox"/>	<input type="checkbox"/>
Does this person understand the effect of income on benefits?		<input type="checkbox"/>	<input type="checkbox"/>
Is s/he interested and is there an opportunity to accomplish growth in wages or hours?		<input type="checkbox"/>	<input type="checkbox"/>
			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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If 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?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any problems getting to work each day?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel you need additional help in any of your current work responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel you have adequate opportunity to communicate with your supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	
Employer's Satisfaction			
Is the employer satisfied with this person's performance?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the employer identified areas for improvement?	<input type="checkbox"/>	<input type="checkbox"/>	
If YES, has an action plan been developed to meet these expectations? Please describe in space below.	<input type="checkbox"/>	<input type="checkbox"/>	
Plan of Action:			

Considerations				
	YES	NO	COMMENTS	
Is there an expected need for VR services beyond extended services (i.e. tools, clothing, equipment, transportation?)	<input type="checkbox"/>	<input type="checkbox"/>		
Will this person have the opportunity to increase hours and/or wages in this position?	<input type="checkbox"/>	<input type="checkbox"/>		
Will this person have the opportunity to receive health care or other benefits from the employer or other sources?	<input type="checkbox"/>	<input type="checkbox"/>		
Please list sources and types of benefits.				
Additional Closure Requirements				
Is this person earning less than Washington DC or applicable state minimum wage? <input type="checkbox"/> YES Rate: \$ <input type="checkbox"/> 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:				
<i>Goal/s</i>	<i>Milestone</i>	<i>Rate</i>	<i>Timeline</i>	<i>Target Date</i>
<i>i.e. To increase rate by \$0.25</i>	<i>Production rate increased to 80% with minimal prompts</i>	<i>\$7.50</i>	<i>Every 6 months</i>	<i>Dec. 2014</i>
Extended Funding Source will be: <input type="checkbox"/> DBH(for EBSE) <input type="checkbox"/> DDA (for Medicaid Waiver) <input type="checkbox"/> Ticket to Work (SSI/SSDI) <input type="checkbox"/> N/A(Unpaid Natural Supports)				
NEXT STEPS:				
Signature				
I, the Supported Employment Specialist, certify that: <ul style="list-style-type: none"> • 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

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
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Other(Specify):
CERTIFICATION			
I, the Job Coach, certify that: <ul style="list-style-type: none"> • 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: