

## 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>

## SUPPORTED EMPLOYMENT JOB STABILIZATION PROGRESS REPORT

			Person In	formation					
Name of Person:			Authorization number:						
Provider:				Reporting	Period	d:			
		Em	ployment	Informati	on				
Person's job title:		Start I	Date:			Full time Part ti			art time
Employer Name:	Address	3:			City, State: ZIP code:				
Hours per week: Change from last month?  Change from last month?  Change from last mont  YES  NO  If YES, previous # hours:  Days per week: Change from last mont  YES  If YES, previous # days				Hourly rate: \$ Change from last month?  YES NO If YES, previous rate:					
		Job	Coaching	g Informat	ion				
Dates of actual Job coaching: , , , , , , , , , , , , , , , , , , ,									
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	2		3	3		4		5	<u> </u>
Skill never/ not	Rarely		Some	times	Most	ost of the time Always			
demonstrated (up	to 30% (	OTT)	(up to 65	5% OTT)	(up to	o 85	% OTT)		
Entry Level Skills			Weel	<b>k</b> 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									



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Demonstrates organization in work activities						
Communicates well with others						
Displays appropriate hygiene						
Other:						
Comments:			•			
Related Job Retention Activ	ities		Week 1	Week 2	Week 3	Week 4
Displays initiative						
Utilizes sound coping skills (communicates,	solve p	roblems,				
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	า					
Accepts direction and feedback from superv	visor					
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.						
		KS PROG				
List the job tasks required for this position and update progress from last month:						
JOB TASK	PERFC	RMING?	ACHIEVI		BAS	SIS
	YES	NO	LEV	EL		
			Limited		Direct Obs	
			Average		☐Person se ☐Superviso	
			│ □ Above A │ □ Exceller			ι ισρυίι
			Limited	-	☐Direct Obs	servation
	_		Average		Person se	
			☐ Above A	verage	Superviso	r repor





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			☐ Excellent			
			Limited	☐ Direct Observation		
			☐ Average	Person self-report		
			☐ Above Average	☐Supervisor report		
			Excellent			
			Limited	Direct Observation		
			☐ Average	Person self-report		
			Above Average	Supervisor report		
			☐ Excellent			
			Limited	☐ Direct Observation		
			☐ Average	☐Person self-report		
			☐ Above Average	☐Supervisor report		
			☐ Excellent			
			Limited	☐ Direct Observation		
			Average	Person self-report		
			Above Average	☐Supervisor report		
			Excellent			
			Limited	☐ Direct Observation		
			Average	Person self-report		
			Above Average	☐Supervisor report		
	<del> </del>		Excellent			
			Limited	Direct Observation		
			Average	Person self-report		
			Above Average	☐Supervisor report		
	<u> </u>	<u> </u>	Excellent			
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 of	customize	a for the cu	istomer.			
Are this person's job description changes docu	mented ir	writina wit	h the employer?			
□YES □ NO □ NA						
Pare	riore and	l Strategie	)¢			
List ongoing needs to retain employment a	na strate	gies to me				
Barriers			Strategie	<u>'S</u>		
1.		1.				
		2.				
	=	3.				
2.		1.				
	-	2.				
	-	3.				
3.		<u>3.</u> 1.				
J.	}	2.				
		,				
	ŀ	3.				





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4.	1.					
	2.					
	3.					
Describe the long term natural supports already in p	olace (or l	being de	eveloped) and how they will assist			
in job retention (or in intermittent services):	,		. ,			
Natural Support	Hov	v does	this assist in job retention?			
1.	1.					
	2.					
	3.					
2.	1.					
<del>-</del> -	2.					
	3.					
3.	1.					
<b>3.</b>	2.					
	3.					
Other Indicators	YES	NO	REMARKS			
	IES	NO				
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			If YES, outline the plan for			
accomplish growth in wages or hours?			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 Acco	mmodat	ions				
Are the necessary modifications and/or accommoda	ations ma	de at th	e worksite to ensure this person's			
success?						
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	nmoda	tion or Solution Related to the				
Person's Employment			uirement or Demand			
I A						



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SABIETT SERVICES						
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?						
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/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 j	ob satis	faction s	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:						





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	Considera	ations					
		YES	NO	COMME	NTS		
Is there an expected need for VR services beyond							
extended services (i.e. tools,	clothing, equipment,						
transportation?)							
Will this person have the opp	ortunity to increase						
hours and/or wages in this po	osition?						
Will this person have the opp							
health care or other benefits	from the employer or						
other sources?							
Please list sources and types	s of benefits.						
	Additional Closure	Requir	ements				
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 t	o help tl	nis perso	n towards achievi	ng competitive		
employment or reaching min	imum wage level? Targe	et minim	um wage	:			
Goal/s	Milestone		Rate	Timeline	Target Date		
i.e. To increase rate by	Production rate increas	ed to	\$7.50	Every 6	Dec. 2014		
\$0.25	80% with minimal prom	pts		months			
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							
<ul> <li>I, the Supported Employment Specialist, 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> </ul>							
<ul> <li>I documented the services and information described above in the report.</li> </ul>							
First and Last name of Supported Employment Specialist:				Position Title:			
Signature:				Date:			

Encl. Job Stabilization Service Log



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## 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.						
<b>Date</b>	Service	Summary of Contact	Method of Contact			
Date	Hours	Summary of Contact	Method of Contact			
			Face-to-face			
CERTIFICATION						
<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> </ul>						
		Job Coach Signature:	Date:			
Provider A	dministrator/	Designee's Signature:	Date:			



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