|  |  |  |  |
| --- | --- | --- | --- |
| **VR Client (Employee) Name:** |       | **Date**: |       |
| **CRP** **Agency:** |       |
| **Employment Specialist:** |       |
| **VR** **Counselor:** |       |
| **Employer Site Information** |
| **Business Name:** |       | **Business DBA:** |       |
| **Type of business:** |       |
| **Address:** |       | **County:** |       |
| **Phone:** |       |
| **Employee’s Supervisor:** |       |
| **Employee Information** |
| **Job title (Position):** |       |
| **If this job is different than the IPE goal, please explain and describe steps to**  |
| **amend IPE:** |       |
| **Job Duties:** |       |
| **Work Schedule (Days/Hours):** |       |
| **This position is:**  | PermanentTemporarySeasonal |  |
| **Salary/ Wages:** |       | **Benefits:** |       |
| **Employment Start Date:** |       |  |
| **Initial Placement Information** |
| **Type of Support Needed**: | On-SiteOff-SiteNone Required |  |
| **Training Aids/ Assistance Needed:** |       |
| **Employee Transportation –to/from**: |       |

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| --- | --- | --- |
|  | **Yes/No** | **Explain (if needed)** |
| The employment outcome is consistent with their strengths, resources, priorities, concerns, capabilities, interests, and informed choice?   |  |       |
| The employment outcome is the same or similar to the employment goal described on the Individualized Plan for Employment? |  |       |
| Employment has been maintained for at least 90 calendar days? |  |       |
| The employee is satisfied with their job? |  |       |
| The employer appears satisfied? |  |       |
| The employee is performing well in the employment setting? |  |       |
| The job does not aggravate the disability or disabilities? |  |       |
| Wage and benefits are the same as those of other new workers in similar positions? |  |       |
| The employee is paid at or above minimum wage? |  |       |

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| If this is a SSI/SSDI recipient, is this individual paid at or above SGA?http://www.ssa.gov/oact/cola/sga.html  |  | If yes, please request authorization for bonus payment.       |

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| **Workplace Performance** | **Observations – Interventions Needed – Plan of Action** |
|   | Yes/ No | Please document observations/ changes noted since submission of Milestone #3 plan |
| Can the employee independently travel to the job? |  |       |
| Does the employee's rate of pay and schedule match their goals? |  |       |
| What are the tasks of the job and can the employee independently perform those tasks? |  |       |
| Can the employee transition independently from task to task? |  |       |
| Does the quality of the task match the employer's expectations? |  |       |
| Are the job tasks completed within the specified timeframe? |  |       |
| Does the employee stay focused on the job task? |  |       |
| Does the employee respond favorably to direction and/or constructive criticism? |  |       |
| When presented with a change in routine, can the employee effectively transition? |  |       |
| Does the employee possess the reading, writing, math, and/or money skills required? |  |       |
| Can the employee problem solve independently? |  |       |
| Does the employee have any physical challenges that impact their performance? |  |       |
| Can the employee communicate in a manner that is adequate for the job? |  |       |
| Can the employee function safely within the environment? |  |       |
| Does the employee interact effectively with coworkers, supervisors, and customers? |  |       |
| Does the employee maintain proper appearance/hygiene at the job site? |  |       |
| Is the employee receiving the supervision level necessary for their success? |  |       |
| Is the employer training adequate for the employee? |  |       |
| Who are the sources for support (natural supports) on the job site? |       |
| What is your role as the Employment Specialist to facilitate natural supports? |       |
| Workplace performance not otherwise noted: |       |