**Maine Department of Labor**

**Bureau of Rehabilitation Services**

**Community Rehabilitation Provider (CRP) Employment 90+ Days Report**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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):** | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Job Duties:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **If this job is different than the IPE goal, please explain and describe steps to** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **amend IPE:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Schedule (Days/Hours):** | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Is this position :** | | | | | | | Permanent  Seasonal | | | | | | | | | **Position Comments:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Salary/ Wages:** | | | | | |  | | | | | | | | | | | | | **Benefits:** | | |  | | | | | |
| **Employment Start Date:** | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |
| **Initial Placement Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Support Needed**: | | | | | | | | | | | **On-Site**  **Off-Site**  **None Required** | | | | | | | |  | | | | | | | | |
| **Comments:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **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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| Is the CRP Eligible for a $750 Placement Bonus? (0-90 days from referral for JD or CE) |  |  |
| Is the CRP Eligible for a $500 Placement bonus? (91-180 days from referral for JD or CE) |  |  |
| 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 $1000 bonus payment. |

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| **Workplace Performance** | | **Observations – Progress Noted - Interventions Needed** |
|  | Yes/ No | Please document observations/ changes noted |
| 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? |  |  |

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| **Workplace Performance** | | **Observations – Progress Noted - Interventions Needed** |
|  | Yes/ No | Please document observations/ changes noted |
| 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: |  | |