

Individual: _____ **Waiver:** _____ **Date:** _____

Provider: _____ **Employment specialist:** _____

Employer: _____ **Supervisor:** _____

Job title: _____ **Placement date:** _____

Hours worked per week: _____ **Pay rate:** _____

Essential work duties:

Occasional work duties:

Number of hours the employment specialist works each time the individual works:

_____ **Has the need changed?** **Yes** **No**

Explain:

Explain the following job supports currently used and any new supports tried this month:

Natural supports:

Assistive technology:

DSP on the job:

Other job accommodations:

1. Areas where employment specialist is still providing support to the individual in order for the them to complete their job duties/requirements:

2. Identify new job duties/requirements or changes that have occurred if applicable:

3. Is the individual satisfied with their job and their performance? **Yes** **No**

4. Is the employment specialist satisfied with the progress of the individual? **Yes** **No**

5. Is the employer satisfied with the progress of the individual? **Yes** **No**

6. List any concerns the employer may have:

7. Is there a need for a team meeting? **Yes** **No**

Additional comments:

Employment specialist: _____ **Date:** _____