

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

Provider: _____ **Employment Specialist:** _____

Indicate if in-person or virtual	Date of contact	Time	Briefly describe the visit with the individual, employer, and natural support (as applicable) and the individual's current job performance, job satisfaction and any other concerns or needs.

Detail the next steps:

If the individual requires the need for “extended job supports,” please explain.

Employment Specialist: _____ **Date:** _____

Employer (if applicable): _____ **Date:** _____

Natural Support (if applicable) _____ **Date:** _____