Supported Employment Job Placement Reports
(Job Placement Must Match Job Development Agreement Goal)

REPORT DATE: _____

REPORT PROVIDED BY: _____ **PHONE:**_____

AGENCY (VENDOR) REPORTING: _____

SUBMITTED TO ORS COUNSELOR: _____

Client Name: _____ **Phone#:** _____
Address:_____

Placement Type (Circle): Full Time Part Time Temporary Permanent

Company Name & Address: _____
_____

Job Title: _____ **Responsibilities**: _____
_____
_____

Start Date: _____ **Schedule (Days & Hours):** _____
Salary/Hour: _____ **Benefits**: _____
Comments:_____
_____

NOTE: COMPLETE ON-SITE WORK EVALUATION AFTER 30 DAYS.

Placement Vendor Signature: _____ Date: _____
Client Signature: _____ Date: _____

Supported Employment On-Site Work Evaluation

(Attach Narrative to Describe Activities)

REPORT PROVIDED BY: _____ **PHONE:**_____

AGENCY (VENDOR) REPORTING: _____

SUBMITTED TO ORS COUNSELOR: _____

I. IDENTIFICATION DATA

Name of Client: _____

Place of Employment: _____

Hours per Week: _____ Pay per Hour: _____ Dates of Evaluation: _____

Planned hourly work goal: _____

_____

Extended on-going support will be provided by: _____

_____

II. SUPPORTED EMPLOYMENT WORK EVALUATION

Essential Job Tasks: _____

_____

Discrepancies: _____

_____

Production Demands: _____

_____

Discrepancies: _____

_____

Interpersonal Requirements: _____

_____

Discrepancies: _____

_____

II. SUPPORTED EMPLOYMENT WORK EVALUATION (CONTINUED)

Other requirements to maintain job, including off-site supports: _____

_____

_____

Discrepancies: _____

_____

III. ATTACH NARRATIVE WHICH INCLUDES INFORMATION ABOUT SPECIFIC SUPPORT REQUIREMENTS:

1. Specify the hourly work goal to be achieved.
2. Specify the anticipated time period for Intensive Support provision.
3. Specify client's support requirements on the job and off the job.
4. Specify how many hours are required to support the employee in the job.
5. Specify the monitoring plan with the employer and employee if supports are primarily provided off the job.
6. Specify the planned fading strategies.

_____	_____
Signature	*Title*
_____	_____
Agency	*Date*