## AGENCY LETTERHEAD

##### Monthly Performance Review

**SUPPORTED EMPLOYMENT- Complete every 30 days with justification for ongoing supports. NON-SUPPORTED EMPLOYMENT- Complete at 75 days and submit with invoice.**

**CLIENT NAME:** Click here to enter text.**\_\_\_\_\_\_\_ AUTHORIZATION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB COACH/DEVELOPER:** Click here to enter text.**\_\_\_ PHONE:** Click here to enter text.

**REPORT DATE:** Click or tap to enter a date.

**ORS COUNSELOR:** Click here to enter text.

**Dates of Participation:** From: Click or tap to enter a date. To: Click or tap to enter a date.

1. **EMPLOYMENT DATA**

**Place of Employment:** Click here to enter text. **Address:** Click here to enter text.

**Hours per Week:** Choose an item. **Pay per Hour :** Click or tap here to enter text.

**Client’s Desired Number of Hours:** Click or tap here to enter text.

**Reason for discrepancy, if applicable:** Click or tap here to enter text.

**Dates of Evaluation:** Click or tap here to enter text.

1. **EMPLOYMENT ON-SITE WORK EVALUATION**

**(**Please comment on any areas where the **client scored less than 3**)

* 1. **Attendance:** Choose an item.

**Comments:** Click or tap here to enter text..

* 1. **Punctuality:** Choose an item..

**Comments:** Click or tap here to enter text.

* 1. **Appearance/Hygiene:** Choose an item.

**Comments:** Click or tap here to enter text.

* 1. **Concentration:** Choose an item.

**Comments:** Click or tap here to enter text.

* 1. **Effort on the Job:** Choose an item.

**Comments:** Click or tap here to enter text.

## AGENCY LETTERHEAD

* 1. **Ability to Accept Supervision:** Choose an item.

**Comments:** Click or tap here to enter text.

 **7. Quality of Work:** Choose an item.

 **Comments:** Click or tap here to enter text.

 **8. Quantity of Work Produced:** Choose an item.

 **Comments:** Click or tap here to enter text.

 **9. Interaction with Supervisor:** Choose an item..

 **Comments:** Click or tap here to enter text.

 **10. Interaction with Coworkers:** Choose an item. **Comments:** Click or tap here to enter text.

 **11. Interaction with Customers:** Choose an item.

 **Comments:** Click or tap here to enter text.

1. **Ability to Work Independently:** Choose an item.

**Comments:** Click or tap here to enter text.

1. **Willingness to Take on Additional Responsibilities:** Choose an item.

**Comments:** Click or tap here to enter text.

1. **Ability to Comply with Employer Policies and Procedures:** Choose an item.

**Comments:** Click or tap here to enter text.

1. **Problem-Solving Skills:** Choose an item.

**Comments:** Click or tap here to enter text.

1. **Ability to Seek Out Assistance When Needed:** Choose an item.

**Comments:** Click or tap here to enter text.

1. **Please Answer the Following Questions:**

**What is the anticipated amount of time that the client will require supports?**

Click or tap here to enter text.

**What supports are being provided on and off site?**

 Click or tap here to enter text.

**How many hours is the client being supported?**

 Click or tap here to enter text.

**What is the fading strategy for this client?**

 Click or tap here to enter text.

## AGENCY LETTERHEAD

**Are you requesting additional Retention and Supports?** Click here for dropdown menu

**Why?**

 Click or tap here to enter text.

ORS Counselor Report Received: Date:

Date:

Client Signature:

Date:

Job Coach/ Developer Signature:

***Supported Employment Performance Review Service Grid***

**(Please Submit with Monthly Performance Review)**

**Client Name:** Click or tap here to enter text..**Job Coach/ Developer Name:** Click or tap here to enter text.

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|  | **Areas Addressed** | **Client Initials** | **Job Coach/Developer Initials** |
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