#### P1#y1State of Rhode Island

#### Department of Human Services

**Office of Rehabilitation Services**

40 Fountain Street ~ Providence, RI 02903

401-421-7005 ~ 401-222-3574 FAX ~ Spanish (401) 462-7791

#### ORS SUPPORTED EMPLOYMENT SERVICES FACT SHEET

The ORS Supported Employment Services are designed to assist individuals with the most significant disabilities, who have been found eligible for ORS, to find and keep a job in an integrated real work setting, and to earn at least the prevailing minimum wage. Individuals with significant disabilities often do not have opportunity to experience traditional competitive employment or have had that experience interrupted due to the severity of their disability. It is anticipated that the Supported Employment Program will identify, arrange, and coordinate the services and ensure access to the ongoing/intermittent supports needed by the individual to obtain and maintain employment.

The Supported Employment Services that may be enlisted to help an individual with a significant disability to move toward a goal of employment include:

* An assessment or vocational evaluation to discover work interests, abilities, and preferences.
* An opportunity to try real work in an interest area to clarify goals and identify support needs.
* Job Preparation services provide an opportunity to learn about the work routine, expectations of a boss, the interview process and identifying individual barriers that may hinder employment success.
* Job development and placement services that help to get a job consistent with the career goal of the Individualized Plan for Employment (IPE).
* Job coaching and retention services that cluster supports that help the individual learn and

keep the job. Supported Employment Services are available to assist in sustaining employment.

**Key Components:**

* **Supported Employment** (SE) assists individuals with the most significant disabilities who have been unsuccessful with traditional employment strategies and need ongoing supports to choose, find, and keep employment.
* SE is competitive employment (at or above minimum wage, with pay commensurate to a non- disabled worker performing the same tasks). Paycheck must come from employer not service provider. ORS has a standard that employment must be at least ten hours per week.
* Work must be in an integrated setting (person works and/or interacts with non-disabled population). Training occurs after placement.
* ORS provides intensive ongoing supports for a time-limited period. \* Long-term ongoing supports are provided through other funding sources and include natural supports.

\*On-going Supported Employment means services that are based on an assessment of employment stability and provision of specific services needed to maintain employment. These services must include at least twice monthly monitoring of the individual in supported employment either at the work site or off-site (based on individual preference). The IPE can be amended to identify any other service needed to ensure employment stability.

###### Supported Employment Preparation and Assessment Services for Adults

**ORS Counselor Determines Eligibility (OOS & SE Eligibility)**

**Supported Employment Eligible (Complete SE Eligibility Sheet)**

**General VR Service Options**

**Not SE Eligible**

**ORS Rehab Counselor and Vendor Meets/Intakes Individual**

**Referral from ORS**

**ORS Counselor Provides:**

* ORS referral forms
* ORS Authorization
* ORS Release

**Referral to ORS**

**Vendor Provides:**

* ORS application for services

**Information includes:**

* Medical/Psychological diagnosis,
* SSDI & other supporting documentation
* Self-assessment form

**SE IPE**

**Developed**

**Not Eligible**

**Menu of Services Predicated by Individualized Plan for Employment**

**(All items must be approved by ORS Counselor)**

**Identify Needed Supports and Available Resources to Support Individual Long Term**

**SE Job Prep**

**(4 weeks) $1850**

**SE Community Based Work Experience**

**$2570**

 **(40 hours)**

**Supported Employment Assessment/Voc.**

**Evaluation + Report**

**$2000**

###### Supported Employment Job Development/Placement Services for Adults

**SE (Job Development & Placement) + Report - $2250**

**SE Job Placement Services ($2,000)**

Vendor submits a “Job Placement” Report at the time of placement, and job is expected to be consistent with goal in IPE in a CIE setting with compensation by employer at/above minimum wage. The Monthly Review report is based on 4 weeks of employment and includes details related to the job and the individual needs, as well as recommendations for supports.

**Bill ORS for $2,000 in two installments: Payment 1: $1000 after 15 days.**

**Payment 2: $1000 after 30 days** (required document): Include Monthly Review Report and Service Grid.

**Post Placement: ORS Counselor authorizes SE Job Retention and Supports**

**On or off site supports**

**$300 per week 4-20 weeks Max**

Monthly Review report provided documenting need for additional supports every 4 weeks. Requires at least 2 face to face contacts per week.t.

**SE Job Development Services- \***

**Installment 1- $750**

 **Installment 2- $750**

 **Installment 3- $750**

 **\*see fact sheet**

**Post Placement: SE Hourly Extension**

**$45/hour**

Used only in specific situations to address critical issues. This represents hourly support time with the individual and is authorized through VR counselor discretion if needed.

**DEPARTMENT OF HUMAN SERVICES OFFICE OF REHABILITATION SERVICES**

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*“Helping individuals with disabilities to choose, find and keep employment”*

#### Provider Agreement to Provide On-Going Support Services

 enters into an agreement to provide the On-Going Support Services

(Provider)

for , under his/her Individualized Plan for Employment (IPE) with the

(Individual)

Office of Rehabilitation Services.

The On-Going Support Services will be individualized and clearly defined to assist the above-named to maintain competitive community integrated employment.

It is understood that the Office of Rehabilitation Services will purchase the intensive time-limited on- going support services through fee for service and that the provider will continue with the extended on-going support provision or monitoring of the extended on-going support provision once the need for intensive services according to the IPE is completed.

It is understood that at a minimum the extended on-going support provision is two contacts with the individual employee per month, at the work site, and that individual requirements may include more support services than the minimum requirements.

It is understood that Extended Service Agreements may be monitored by the Office of Rehabilitation Services as part of program evaluation once the case is closed with the state agency.

Copy given to Provider

(Provider Signature) (Date)

Copy given to Customer

(Counselor Signature) (Date)

ORS-919 [www.ors.ri.gov](http://www.ors.ri.gov/)

###### P115#y1DEPARTMENT OF HUMAN SERVICES OFFICE OF REHABILITATION SERVICES

“Helping individuals with disabilities to choose, find and keep employment”

**PURPOSE:**

***Supported Employment Vocational Evaluation Fact Sheet***

SE Vocational Evaluation is an assessment of the employment capabilities of individuals with significant disabilities using skill, situational, work-based, and functional assessments, as well as a discovery process in order to provide recommendations for subsequent vocational rehabilitation services, support needs, skills training, or other appropriate services. The SE Vocational Evaluation also serves to enhance the participant's ability to make informed choices about work.

SE Vocational Evaluations (other than those for Educational Collaboratives and Transition Programs which have a specific form and format) have the same basic content and procedure:

* A Referral Form (ORS-902 - which should always be included and asks appropriate, relevant questions).
* Signed Release of Information Form (ORS-37) to support referral.
* The SE Vocational Evaluation Report Form (ORS-1102-SE).

The SE Vocational Evaluation is a 10 day evaluation – with some Interest and Discovery Assessments and an actual work experience in an integrated community setting (minimum 20 hours). This work assessment should accommodate individual needs and is expected to occur in a community-based, integrated work setting. Any variation to these requirements must be approved by ORS. The work assessment is intended to provide the customer and Rehabilitation Counselor with information about work performance and work behaviors. Information gathering about careers, training programs, and tours are not part of the Vocational Evaluation, and usage of facility-based setting is not acceptable.

The fee for the completed SE Vocational Evaluation is $2000.00 and must include a skill assessment, work experience and a completed SE Vocational Evaluation Report to process any invoice. The invoice will be accompanied by a Vocational Evaluation report, following a conference with the individual, counselor, and agency representative.

**SUMMARY:**

The content of SE Vocational Evaluation report generally consists of:

* Answers to the Referral Questions, background information.
* Discovery findings.
* Summary of the community-based work experience.
* Observations/findings.
* Recommendations and Information about support needs and/or any job accommodations necessary.

**RECOMMENDATIONS:**

Recommendations will address individual’s expressed interests, skills, and abilities, as well as occupational recommendations based on Discovery findings and evaluation information, and job availability in the area (LMI). Occupational information provided should include educational, aptitude, physical as well as any licensing requirements. (Sources for this information should be referenced. (i.e., Occupational Outlook Handbook (online); ONET; and DOT).

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AGENCY LETTERHEAD

### Vocational Evaluation Report

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

**REPORT BY:** 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 Reporting Period: From: Click or tap to enter a date. To:Click or tap to enter a date.

**VOCATIONAL INFORMATION OBTAINED TO DETERMINE JOB MATCH**

Discovery Process Information

* + Interest inventories (if completed): Click here to enter text.
	+ Family Supports: Click here to enter text.
	+ Job Shadow/Observations (if completed): Click here to enter text.
	+ Assistive technology (if necessary): Click here to enter text.
	+ Feedback from identified supports: Click here to enter text.
	+ Aptitude Testing (test name, results and administrator if completed): Click here to enter text.

Stated Skills/Interests: Click here to enter text.

Stated Job Goal **(Match with sites):** Click here to enter text.

Sites approved by ORS counselor: Site 1 Date Approved: Click here to enter text.

Site 2 Date Approved: Click here to enter text.

AGENCY LETTERHEAD

**CURRENT ASSESSMENT ACTIVITIES**

**WORK SITE 1**

1. **Worksite Experience in Community-Based Integrated Setting:**

Work site name and address: Click here to enter text.

Work environment description: Click here to enter text. Job Title: Click here to enter text.

Hours of Work: Click here to enter text.

1. **Labor Market Evaluation O\*NET** [https://www.onetonline.org/find/](https://www.onetonline.org/find/%20%20%0D)

**Findings:** Click here to enter text.

**CURRENT VOCATIONAL PROFILE**

**INDIVIDUAL STYLES OF LEARNING JOB TASKS**

* + Job description: Click here to enter text.
	+ Job Tasks: Click here to enter text.
	+ Training supports required: Click here to enter text.
	+ Time spent on each task: Click here to enter text.
	+ Ability to ask for assistance when needed: Click here to enter text.
	+ Ability to complete job tasks: Click here to enter text.

Additional Information: Click here to enter text.

**JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS**

* + Amount of Supervision on task needed: Click here to enter text.
	+ Behavioral concerns: Click here to enter text.
	+ Stamina: Click here to enter text.
	+ Style of learning: Click here to enter text.
	+ Level of independence: Click here to enter text.
	+ Interpersonal Skills: Click here to enter text.
	+ Transportation: Click here to enter text.
	+ Other support needs: Click here to enter text.

AGENCY LETTERHEAD

Additional Information: Click here to enter text.

**Interactions with Co-Workers and Supervisor**

* + Ability to take direction: Click here to enter text.
	+ Ability to handle redirection or correction: Click here to enter text.
	+ Appropriateness of social interactions: Click here to enter text.
	+ Communication with co-workers, supervisor and customers: Click here to enter text.
	+ Additional Information: Click here to enter text.

**WORK SITE 2**

1. **Worksite Experience in Community-Based Integrated Setting:**

Work site name and address: Click here to enter text.

Work environment description: Click here to enter text. Job Title: Click here to enter text.

Hours of Work: Click here to enter text.

1. **Labor Market Evaluation O\*NET** [https://www.onetonline.org/find/](https://www.onetonline.org/find/%20%20%0D)

**Findings:** Click here to enter text.

**CURRENT VOCATIONAL PROFILE**

**INDIVIDUAL STYLES OF LEARNING JOB TASKS**

* + Job description: Click here to enter text.
	+ Job Tasks: Click here to enter text.
	+ Training supports required: Click here to enter text.
	+ Time spent on each task: Click here to enter text.
	+ Ability to ask for assistance when needed: Click here to enter text.
	+ Ability to complete job tasks: Click here to enter text.

Additional Information: Click here to enter text.

AGENCY LETTERHEAD

**JOB FUNCTIONING CONCERNS/POTENTIAL ON-GOING SUPPORT REQUIREMENTS**

* + Amount of Supervision on task needed: Click here to enter text.
	+ Behavioral concerns: Click here to enter text.
	+ Stamina: Click here to enter text.
	+ Style of learning: Click here to enter text.
	+ Level of independence: Click here to enter text.
	+ Interpersonal Skills: Click here to enter text.
	+ Transportation: Click here to enter text.
	+ Other support needs: Click here to enter text.

Additional Information: Click here to enter text.

###### Interactions with Co-Workers and Supervisor

* + Ability to take direction: Click here to enter text.
	+ Ability to handle redirection or correction: Click here to enter text.
	+ Appropriateness of social interactions: Click here to enter text.
	+ Communication with co-workers, supervisor and customers: Click here to enter text.

Additional Information: Click here to enter text.

**Summary of Worksites**

###### Recommendations for next steps based on report

* Include services needed: Click here to enter text.
* Further assessment needed (please document justification): Click here to enter text.
* Performance issues needing to be addressed: Click here to enter text.
* Readiness for job development and placement: Click here to enter text.
* Document any issues that were discussed with ORS counselor during evaluation: Click here to enter text.

Additional Information: Click here to enter text.

AGENCY LETTERHEAD

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Job Developer Signature:

**DEPARTMENT OF HUMAN SERVICES OFFICE OF REHABILITATION SERVICES**

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***Supported Employment Community Based Work Experience (CBWE)***

**PURPOSE OF SERVICE:**

One of the best ways for adults in Supported Employment (SE) to learn about interests, abilities and preferences is to try out diverse types of work in real employment settings. A community-based work experience is an SE service provided by ORS to adults. The service occurs in an integrated competitive employment setting to provide vocationally-relevant planning information to and for the individual. The SE CBWE, a resource to adults in SE to facilitate informed choice, can be used for a multitude of purposes:

* To try one or more diverse types of work in real jobs
* To explore careers through exposure to work
* To assess work habits, work tolerance, interpersonal skills, and behaviors
* To provide information about a specific cluster of occupations
* To identify on-the-job and off-the-job support needs
* To try out a specific job with the intent of employment

**PROGRAM ELEMENTS, FEE STRUCTURE, AND EXPECTATIONS SE CBWE ADULT:**

The SE CBWE is authorized and funded at $2,570 for a total of 40 hours at a work site and can be pro- rated based on actual hours worked at a rate of $64.25 per hour. The rate is for up to 40 hours, ideally consisting of four hours per day, but adjustments can be made based on physical demands of job and tolerance of client. Any modifications to four-hour day requires approval of ORS Counselor. This fee covers all the supports the adult will need to complete the SE CBWE. The location of the SE CBWE must be in an **integrated work environment in a community-based business**. **Adults must be paid minimum wage for each hour of work by the provider** funded by ORS authorization.

At the conclusion of the SE CBWE, the provider is responsible for the following:

* Write a report based on the SE CBWE findings, observations, and client’s feedback.
* Schedule a meeting with ORS, the individual, and others, as appropriate, to review the SE CBWE and plan next steps.
* All parties including the client must sign the report after the review of the CBWE.

### AGENCY LETTERHEAD

***Community Based Work Experience (CBWE)***

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

**REPORT WRITER:** 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.

**No. of Days at Site:** Click here to enter text.

**Employer/Company:** Click here to enter text. **No. of Hours per Day:** Click here to enter text.

**Job Title:** Click here to enter text.

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

**List names of on-site evaluators, if different than presenter/writer:** Click here to enter text.

**No. of Days at Site:** Click here to enter text.

**Employer/Company:** Click here to enter text. **No. of Hours per Day:** Click here to enter text.

**Job Title:** Click here to enter text.

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

**List names of on-site evaluators, if different than presenter/writer:** Click here to enter text.

1. **Job Duties** – (***include as much detail as possible****)*
* List tasks individual is expected to complete: Click here to enter text.
* How many people work in proximity to individual? Click here to enter text.
* Does individual have contact with the public? Click here to enter text.
* Is area noisy? Click here to enter text. . Describe: Click here to enter text.
* Is work area indoors? Outdoors? Combined? Click here to enter text.
* Is lifting involved If so, how many pounds? Click here to enter text.
* Is speed of performance an expectation? Click here to enter text.
* Describe expected rate of production. Click here to enter text.
* What equipment is required? (ex. stapler, copy machine, box cutter, tools, power equipment, stove, knives ...): Click here to enter text.
* Is special clothing required? (ex. hairnet, steel-toed boots, business attire, surgical mask, etc.) Click here to enter text.
* Does job require single step actions or multitask completion? Click here to enter text.
* Is problem solving needed? Describe: Click here to enter text.
* Will individual be expected to move from one task to another? From one station to another, etc.? Click here to enter text.
1. **Job Performance Results** – (***include as much detail as possible****)*
* Is individual doing the same job as others, or has the job been customized? If customized, describe accommodations: Click here to enter text.
* How does the employer measure productivity/what are industry standards for entry level employees doing this job and for experienced employees? Click here to enter text.
* What percentage of standard did the individual meet? Click here to enter text.
* What tasks did they do well? Describe: Click here to enter text.
* What tasks did they have difficulty with? Describe: Click here to enter text.
* What accommodations were put in place (e.g. hand over hand, picture lists, written lists, verbal prompts, other cues, etc.)? Click here to enter text.
* Were incentives used? Click here to enter text. Please describe in detail: Click here to enter text.

1. **Job Behavior Results** – (***include as much detail as possible****)*
* Was client on time every day? Click here to enter text.
* Did they arrive independently or require supports? Click here to enter text. Explain: Click here to enter text.
* Did they return from breaks on time? Click here to enter text. Did they need prompts? Click here to enter text. If so, describe (e.g. phone alarm, verbal reminders) Click here to enter text.
* When they finished a task, were they able to show initiative and move from one task to another? Click here to enter text. Explain: Click here to enter text.
* Were they able to appropriately request help? Click here to enter text.
* Were they dressed appropriately? Click here to enter text.
* Did they exhibit proper hygiene? Click here to enter text.
* Did they keep appropriate boundaries with coworkers? Describe any situations where they did not. Click here to enter text.
* Did they take direction and redirection well? Click here to enter text. Describe their behavior with supervision. Click here to enter text.
* Were they able to handle disruptions in routine? Click here to enter text.
* Did they react appropriately to problems and corrections? Describe Click here to enter text.
1. **Employer Feedback –** (***include as much detail as possible****)*
* Is this person ready for competitive, integrated employment? Click here to enter text.
* If not, what further information/steps are needed? Click here to enter text.
* What additional training would be needed? Click here to enter text.
* Additional comments: Click here to enter text.
1. **Needed Supports –** (***include as much detail as possible****)*
* Does individual need support with transportation? Click here to enter text. Describe. Click here to enter text.
* Does individual need support with personal hygiene? Click here to enter text.. Describe. Click here to enter text. Is long-term job coaching needed? Click here to enter text.. Why? Click here to enter text.
* How will coaching fade? Click here to enter text.
* Does job need to be customized? Click here to enter text.. How and why? Click here to enter text.
* Is this an appropriate job goal? Click here to enter text. What supports would be needed for individual to be successful? Click here to enter text.

### Summary of CBWE and Specific Recommendations

***(answer referral questions)***

* + Answers to Referral questions(If not previously answered in report): Click here to enter text.
	+ Additional comments: Click here to enter text.
* Recommendations (Does individual need travel training? Vocational exploration? Skill development? Work readiness/job prep? Social skill development? Job training? Assisted technology? Other?): Click here to enter text.

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Job Developer Signature:

State of Rhode Island

#### Department of Human Services Office of Rehabilitation Services

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JOB PREPARATION /

***SUPPORTED EMPLOYMENT JOB PREPARATION***

PURPOSE AND STRUCTURE OF SERVICE:

**Job Preparation** is a service intended to prepare ORS clients for competitive integrated employment. This service consists of a **four-week structured program (three hours, three days per week for a total of 36 hours)** to address job-seeking skills, interviewing, appearance/hygiene, barriers to employment, interpersonal skills, resume development, work-history issues, work habits, and work relationships replicating a work-routine structure. The Community Rehabilitation Provider (CRP) will be authorized **$1,850**.

STEPS FOR IMPLEMENTATION:

1. ORS Rehabilitation Counselor discusses referral with client, facilitates a signed Release of Information, completes the ORS Referral Form, and generates an authorization for **Job Preparation: $1,850.** Copies of each of these forms are placed in the client’s file and a set of originals are forwarded to the vendor.
2. CRP meets with client to explain the procedures, schedule, and expectations of attendance.
3. At conclusion of program, the CRP generates a report using ORS approved format and schedules a meeting with client and ORS Rehabilitation Counselor to review participation, progress, and identify next steps.

Next steps can include job placement, community-based work experience, and/or skill training. In select situations, requiring ORS Rehabilitation Counselor approval, a second Job Preparation Services can be authorized.

1. CRP will bill for Job Preparation services provided at **$1,850**. The invoice is pro-rated by a weekly amount—which is **$462.50** per week.

***Agency Letterhead***

***Job Preparation Services Report***

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

**SPECIALIST:** 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.

**Hours per Day:** Choose an item. **Days per Week:** Choose an item.

**Please list and explain any absences:** Click here to enter text.

1. **Structured Program:**

|  |  |  |
| --- | --- | --- |
| **Areas Addressed** | **What support is required?****Please click on dropdown menu to select your answer** | **State the specific support to be provided.****i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| **Job Seeking Skills**Create resume:Upload resume:Complete a paper application: Search internet for jobs:Use a variety of search engine sites: Complete online application: Create Cover Letter:Create Thank You letter: | Click here for dropdown menuClick here for dropdown menuClick here for dropdown menuClick here for dropdown menuClick here for dropdown menuClick here for dropdown menuClick here for dropdown menuClick here for dropdown menu | Click here to enter text.**.**Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Areas Addressed** | **What support is required? Please click on dropdown menu to select your answer** | **State the specific support to be provided.****i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| Client’s use of Voicemail**/Social** MediaCheck voicemail?Check email? | Click here for dropdown menuClick here for dropdown menu | Click here to enter text.Click here to enter text. |
| Is email address appropriate?Is voicemail message appropriate?Is social media profile appropriate? Are social media privacy settings set? | Click here for dropdown menu Click here for dropdown menuClick here for dropdown menuClick here for dropdown menu | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| **Interviewing Skills** **Did the client:**Complete a mock interview? Complete an interview in the community? Answer all interview questions appropriately?Did client use appropriate language? | Click here for dropdown menuClick here for dropdown menuClick here for dropdown menuClick here for dropdown menu | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Areas Addressed** | **Please click on dropdown menu to select your answer** | **State the specific support to be provided.****i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| **Appearance/Hygiene**Does the client have interview clothing?Is appearance/hygienework appropriate? Did client dress appropriately for interview? | Click here for dropdown menuClick here for dropdown menuClick here for dropdown menu | Click here to enter text.Click here to enter text.Click here to enter text. |
| **Barriers to Employment****Does client have a** Work history? Misdemeanor/Felony history? Reliable form of Transportation?Other barriers? | **Is this a barrier?**Click here for dropdown menu Click here for dropdown menuClick here for dropdown menuClick here for dropdown menu | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| **Interpersonal Skills**Needs Redirection?Gets along w/others?**Communication:**Is client*:*Able to speak coherently? Able to utilize scripts if needed?Are prompts required?Is communication business-appropriate?  | Click here for dropdown box Click here for dropdown boxClick here for dropdown boxClick here for dropdown boxClick here for dropdown boxClick here for dropdown box | Click here to enter text. Click here to enter text. Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Areas Addressed** | **Please click on dropdown menu to select your answer** | **State the specific support to be provided.****i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| **Classroom**Did the client participate?Was client on time for class?Did the client stay for entire class?Did client overshare personal information?Did client miss any classes? Was client able to follow directions?Does client require assistive technology?Did client require one-on-one support?How many participants were in class? | Click here for Dropdown boxClick here for Dropdown boxClick here for Dropdown boxClick here for Dropdown boxClick here for Dropdown boxClick here for Dropdown boxClick here for Dropdown boxClick here for Dropdown box | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |

|  |  |
| --- | --- |
|  **Areas of Strength:** | Click here to enter text. |
|  **Areas that Need improvement:** | Click here to enter text. |

1. **Job Preparation Findings: (Please explain any barriers that remain and note what specific strategies will be implemented.)**

Click here to enter text.

1. **Recommendations: (Next steps toward employment goal. List next service needed based on performance and justification.)**

**Please be sure to attach copies of client’s cover letter, resume, and thank-you letter.**

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Instructor Signature:

**State of Rhode Island**

**Department of Human Services**

**Office of Rehabilitation Services**

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##### Supported Employment

***Job Development, Placement and Monthly Performance Review Fact Sheet***

**PURPOSE**: To provide SE clients assistance with Job Development and Job Placement (as well as SE Retention services, when needed) that are consistent with their specific job goal. This goal should be consistent with their strengths, abilities, preferences, and service needs.

The ORS Counselor works with clients who are job-ready and in need of SE Job Development services. These services are to be provided by CRPs **only** when ORS counselors have issued an authorization for development and placement services.

**STEPS TO IMPLEMENTATION:**

**SE Job Development Services ($2250)** is for individual job development services. Goal must be consistent with ORS Individualized Plan for Employment (IPE). The placement can either be full-time or part time with a **minimum of 10 hours per week and must be a permanent position.**

When referring someone for Job Development Services, the ORS counselor will send to the vendor a referral form, signed release of information and an authorization for ***$2250.00***.  The authorization will be broken down into three equal installments of ***$750.00*** and will require the submission of specific reporting at each two-month installment, as outlined below.

**Initial or First Installment**

The initial or first installment is **$750.00**. The ORS counselor does not approve the payment until the vendor has completed the following:

* Met with the individual and the counselor
* Developed a resume
* Obtained a signed **Job Development Agreement Form**
* Submits to ORS **Job Development Performance Review** report outlining the services they plan to offer the customer over the next two months

**Second Installment**

After two months from the initial meeting between vendor, customer, and ORS, a second installment of **$750.00** will be approved.

This installment is approved only if the ORS counselor is satisfied that the vendor has followed the agreed upon service plan that was developed at the initial meeting. This can be proven by the vendor submitting the following information:

* A **Job Development Log** including:
	+ - What businesses the individual applied and interviewed for.
		- How the vendor assisted the individual in the above.
* What businesses the vendor outreached to on behalf of the customer.
* A report outlining:
	+ - Individual’s progress
		- Barriers that still exist that are hindering obtaining employment
		- Areas of improvement moving forward so that the individual can reach their employment goals

Prior to reimbursement, a meeting will be conducted with the individual, vendor, and ORS counselor to:

* Review the services that have taken place over the last two months
* Develop a plan for what services will take place moving forward

**Third and Final Installment**

A third and final installment of **$750.00** will be approved after two months from the second installment.

This installment is approved only if the ORS counselor is satisfied that the vendor has followed the agreed upon service plan that was developed at the second installment meeting. The vendor must submit the following information.

* A **Job Development Performance** **Review** report and **Job Development Log** outlining**:**
	+ - Individual’s progress
		- Barriers that still exist that are hindering obtaining employment
		- Areas of improvement moving forward so that the individual can reach their employment goals
* A meeting will be conducted with the individual, vendor, and ORS counselor to Review the services that have taken place over the last two months.
* Develop a plan for what services will take place moving forward.

**State of Rhode Island**

**Department of Human Services**

**Office of Rehabilitation Services**

40 Fountain Street ~ Providence, RI 02903 401-421-7005 ~ 401-222-3574 FAX

TDD 711 ~ Spanish (401) 462-7791

# Job Development Agreement

Date:

Client - , ORS Vocational Rehabilitation Counselor -

 , and Provider (Agency & Job Developer) -

 , agree that the job goal is: (**ORS Counselor fills in this goal**). This goal will be the same as written in the IPE and is the focus of the job search.

ORS VR Counselor needs to approve any change in job goals. If the IPE requires amendment, the Provider will facilitate a meeting among all parties (the Client, ORS Counselor, and Vendor) related to the proposed amendment.

Client- agrees to participate fully in their job search. Individual satisfaction with the job and services related to securing the job is expected.

**Job Developer/ORS Counselor will converse monthly to discuss progress toward securing employment. Resume will be provided prior to the first initial job development installment.**

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Job Developer Signature:

***Agency Letterhead***

# Job Development Performance Review

**NON-SUPPORTED/SUPPORTED EMPLOYMENT- Complete every 60 days and submit after meeting with ORS counselor and client.**

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

**JOB 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.

**I. CORE SKILLS**

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. **Participation/ Engagement:** Choose an item.

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

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

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

1. **Ability to complete Job Development activities independently:** 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. **Ability to utilize Technology for Job Search:**

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

**II. ACTIVITIES COMPLETED IN LAST 60 DAYS**

|  |  |  |
| --- | --- | --- |
| **Activity** | **# Completed** | **Comments** |
| Resume |  |  |
| Cover Letter |  |  |
| Application |  |  |
| Mock Interviews |  |  |
| Thank You Notes |  |  |
| Job Search |  |  |
| Interviews |  |  |

Other: Click or tap here to enter text.

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

**What has been accomplished during the last 60 days? What strengths have been identified?**

Click or tap here to enter text.

**What are the barriers to achieving successful employment?**

Click or tap here to enter text.

**What is the plan of action for the next 60 days?**

Click or tap here to enter text.

**Additional comments/concerns**

Click or tap here to enter text.

|  |
| --- |
| Job Developer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ORS Counselor: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**JOB DEVELOPMENT LOG**

**Client Name:** Click here to enter text.

**Counselor Name:** Click here to enter text.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**  | **Source** **(ex. Indeed, DLT, referral, walk-in)** | **Position**  | **Company Name** | **Date of Interview** | **Follow up**  | **Results** | **Assistance Provided** |
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**SE Job Placement Services ($2,000)**

**Bill ORS for $2,000 in two installments:**

1. **Job Placement**

**Payment 1: $1000 after 15 days employment.**

Vendor submits a Job Placement Report at the time of placement. Job is expected to be in a competitive integrated employment setting with compensation by employer at/above minimum wage for at least 10 hours a week.

**Payment 2: $1000 on day 30**

During the first four weeks of placement, the vendor is expected to conduct a **Monthly Performance Review.** The SE Monthly Performance Review is an evaluation of the client’s work performance at the work site and includes recommendations for supports.

**SE Job Retention Supports:**

JR&S services can be authorized for up to 20 weeks at $300 per week **at VR Counselor discretion**, to be authorized in **four-week increments with justification required for additional weeks at the end of each four-week period**. The vendor must provide rationale for additional retention. This should focus on the needs of the client as they progress towards hourly work goals and fading of supports whether supports take place on or off the job site. Services should lead to successful retention of the job. **Monthly Performance Review** reports are required. These are submitted with the **SE Performance Review Service Grid**, a copy of the client’s paystub, and a bill.

AGENCY LETTERHEAD

# Job Placement Report

***(Job Placement Must Match Job Development Agreement Goal)***

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

**JOB 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.

**\*Please be sure job meets ORS standards for competitive, integrated employment. \***

**Company Name and Address:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

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

**Start Date:** Click or tap here to enter text.. **Type of Employment:** Choose an item.

**Hours per Week:** Choose an item. **# of Days per Week** Choose an item..

**Salary per Hour:** Click or tap here to enter text.

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

**Has Benefits Counseling Been Discussed?** Choose an item.

**Please Explain:** Click or tap here to enter text.

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

AGENCY LETTERHEAD

Date:

ORS Counselor:

Date:

Authorized Representative:

Date:

Client Signature:

Date:

Job Developer Signature:

## 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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**DEPARTMENT OF HUMAN SERVICES OFFICE OF REHABILITATION SERVICES**

**40 Fountain Street ~ Providence, RI 02903 401.421.7005 (V) ~ 401.421.7016 (TTY)**

 *“Helping individuals with disabilities to choose, find and keep employment”*

***Time-Limited Job Coaching Fact Sheet***

**Time-Limited Job Coaching**: This is a support service for individuals who may be able to find employment, but for some disability-related reason cannot maintain employment. The individual may need job coaching supports for more than the initial orientation to a job. This support may typically be provided for three months, but usually no longer than six months. Vendor submits an invoice to ORS for the pre-authorized services along with the Time-Limited Job Coaching Report Form. ($45/hr.)

**What a Job Coach will do:**

**Prior to the Job start**

* Discuss the job duties and work environment with the client
* Discuss safety procedures with the client
* Coordinate transportation to and from job site.
* Communicate/teach specific work/social skills needed for employment.

**On-Site:**

* Introduce client to the employer and co-workers.
* Train client on job tasks or observe as the supervisor trains the member.
* Assists in training a supervisor or identified “natural support” in the work place.
* Observe how client interacts with co-workers and supervisors for later discussion with the client.
* Discuss productivity requirements with employer and develop a plan to help the individual meet these requirements.
* Observe the work culture of the environment so that you can help the client to fit in with co-workers.
* Discuss your observations with the client including constructive criticism such as timeliness of breaks, appropriate socialization, and personal hygiene.
* Identify and implement client’s learning style (hand over hand, verbal, written, visual). Document kinds of prompts needed including verbal instruction, written lists, or providing encouragement as needed.
* Help the client to develop their own system for organizing and remembering the job tasks so that coaching can fade.
* Assist with mediation between coworkers and supervisors as needed; teach conflict-resolution skills.

**Off-site:**

* When meeting on the worksite is impossible due to company rules or client preference, schedule meetings with client prior or after work or during lunch breaks.
* Schedule office meetings with client and supervisor to discuss any work-related concerns, if possible.
* Coordinate activities with other team treatment providers, family members, or anyone else who will support the client’s ability to keep the job.

***Agency Letterhead***

***Time Limited Job Coaching Report***

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

**JOB COACH:** 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:** Click or tap to enter a date.. **Final Report Date:** Click or tap to enter a date.

**Prior to Job Start:**

|  |  |
| --- | --- |
| **Areas Addressed** | **State specific support to be provided i.e. (task list, accommodations.)** |
| **Job Duties and Description** | Click here to enter text. |

|  |  |
| --- | --- |
| **Areas Addressed** | **State specific strategies to be implemented.** |
| **Environment****Noisy: Choose an item. Hot: Choose an item. Cold: Choose an item. Indoor: Choose an item. Outdoor: Choose an item.** | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |
| **Safety Procedures****Is individual able to follow safety procedures?** | Click here to enter text. |
| **Transportation** | Click here to enter text. |

1. **Off Site Supports:**

|  |  |
| --- | --- |
| **Areas Addressed** | **What supports are required?****State specific strategies to be implemented.** |
| **Coordinate activities with other treatment providers, family, or others who will help the client keep the job** | Click here to enter text. |
| **Meet with Client prior to work, at breaks, or after work** | Click here to enter text. |

|  |  |
| --- | --- |
| **Areas Addressed** | **What supports are required?****State specific strategies to be implemented.** |
| **Schedule office meetings to discuss any work-related concerns** | Click here to enter text. |
| **Off- Site Job Supports** | Click here to enter text. |
| **Natural Supports Identified** | Click here to enter text. |
| **Transportation**  | **Click here for drop down box** | Click here to enter text. |

1. **On-Site Supports:**

|  |  |
| --- | --- |
| **Areas Addressed** | **Describe supports currently being provided, ongoing supports needed, and source of support. Be as specific as possible.** |
| **Introduction of client to employer, co- workers and layout of worksite on first day.** | Click here to enter text. |
| **Training of new job skills and tasks.** | Click here to enter text. |
| **Appropriate interactions between client and supervisors, coworkers (and the public if applicable).** | Click here to enter text. |

|  |  |
| --- | --- |
| **Rate of production.** | Click here to enter text. |
| **Areas Addressed** | **Describe supports currently being provided, ongoing supports needed, and source of support. Be as specific as possible.** |
| **Fit of client to work environment/work culture.** | Click here to enter text. |
| **Client’s learning style.** | Click here to enter text. |
| **Able to understand and follow safety procedures.** | Click here to enter text. |
| **Natural supports identified.** | Click here to enter text. |
| **Organization skills and job-task retention.** | Click here to enter text. |
| **Ability to handle constructive criticism, workplace conflict or frustration.** | Click here to enter text. |
| **Fading strategies.** | Click here to enter text. |
| **Additional Comments** | Click here to enter text. |

1. **Summary: Overall Statement on Job Coaching involvement. (Include all dates of services and observations/interventions.)**

Click here to enter text.

1. **Recommendations to assist client in maintaining this job and meeting or exceeding employer expectations. Please include employer feedback.**

|  |  |  |
| --- | --- | --- |
|  | Click here to enter text. |  |
| Job Developer Signature: Date: Client Signature: Date: Authorized Representative: Date: ORS Counselor: Date:  |  |

***Agency Letterhead***

***TRAVEL TRAINING***

**REPORT PROVIDED BY:** Click here to enter text.**\_\_\_\_\_\_\_\_\_\_ Phone:** Click here to enter text.

**AGENCY (VENDOR) REPORTING:** Click here to enter text.

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

**Authorization #:** Click here to enter text..

**Dates of Participation:** Click here to enter text. - Click here to enter text.

**Final Report Date:** Click here to enter text.

Client Name: Click here to enter text.

|  |  |
| --- | --- |
| **Areas Addressed** | **Performance Findings** |
| **1. Provide identifying and emergency contact information, verbally or nonverbally** | Click here to enter text. |
| **2. Sequence Bus trip steps** | Click here to enter text. |
| **3. Independently take fixed route transit** | Click here to enter text. |
| **4. Track time and knowing how long it is reasonable to wait** | Click here to enter text. |
| **5. Learn to recognize basic signs as those used to mark the transit stops in the community** | Click here to enter text. |
| **6. Manage the simplest way to pay a fare by presenting a pass to driver** | Click here to enter text. |
| **7. Recognize landmarks for de-boarding and to use a signal (pulling cord) to****indicate that he/she wants to stop** | Click here to enter text. |

|  |  |
| --- | --- |
| **8. Follow a route that requires some memory of directional turns and sequence of landmarks** | Click here to enter text. |
| **9. Trialed routes independently** | Click here to enter text. |
| **10. Ability to find a place to sit or stand in a safe area** | Click here to enter text. |
| **11. Demonstrates knowledge of behavior that is safe, effective, and considerate towards other riders on the bus and at bus stop** | Click here to enter text. |
| **12. Recognizes potential danger** | Click here to enter text. |
| **13. Chose clothes that are appropriate for the weather, which could contribute to his or her safety** | Click here to enter text. |
| **14. Identify proper place to wait in relation to the bus stop sign** | Click here to enter text. |
| **15. Ability to cross the street, given various types of intersections and traffic patterns** | Click here to enter text. |
| **16. Recognize that a place is unfamiliar and he or she may become lost there** | Click here to enter text. |
| **17. Recognize that the bus is a safe place and the bus driver as a source of assistance** | Click here to enter text. |
| **18. Demonstrate safe-judgment in choosing a place to seek assistance** | Click here to enter text. |
| **19. If needed, the ability to seek assistance from a police officer in case a problem arises** | Click here to enter text. |
| **20. Identify a specific bus stop, and determine if new information about a second bus stop causes confusion** | Click here to enter text. |
| **21. Select one bus on the first leg of the trip, and select a** | Click here to enter text. |
| **different bus on the second leg of a trip (transfer)** |  |
| **22. At second stop, identify boarding location of next pickup** | Click here to enter text. |
| **23. Sequence all steps when utilizing multiple buses to and from a specified location** | Click here to enter text. |

**Evaluator’s Comments:** Click here to enter text.

**Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report Writer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VR Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**