**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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