

Individual: _____ **Waiver:** _____ **Date of submission:** _____

Provider: _____ **Employment specialist:** _____

Month: _____ **Number of hours needed for the month:** _____

| Date of job coaching | Time frame of job coaching | Comments on progress including a percentage of time the job coach is spending doing job coaching and tasks the person still needs assistance with |
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Individual: _____ **Date:** _____

Employment specialist: _____ **Date:** _____

Support coordinator: _____ **Date:** _____