

**Individual:** \_\_\_\_\_ **Waiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider:** \_\_\_\_\_ **Employment specialist:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job title:** \_\_\_\_\_ **Placement date:** \_\_\_\_\_

**Hours worked per week:** \_\_\_\_\_ **Pay rate:** \_\_\_\_\_

**Essential work duties:** \_\_\_\_\_

**Occasional work duties:** \_\_\_\_\_

**1. Areas where support needs were identified in order for the individual to complete their job and how those needs were satisfied. (i.e. natural supports on the job if available, DSP will provide support on the job, transportation plan, job accommodations, assistive technology, etc.):**

**2. Areas where the individual still needs support in order to complete their job duties/ requirements and list any strategies that have been tried:**

**3. Identify any new job duties/requirements or changes that have occurred to essential work duties:**

**4. Percentage of time the job coach is supporting the individual on the job to perform/learn job duties:** \_\_\_\_\_

**5. Is the employer satisfied with the progress of the individual? If no, why?**

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**6. Is the individual satisfied with their job and their performance? If no, why?**

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**7. Is the employment specialist satisfied with the progress of the individual? If no, why?**

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**8. Is there a need for a team meeting? If yes, why?**

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**Additional comments:**

**Employment specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_