

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

**Phone number:** \_\_\_\_\_ **Emergency contact:** \_\_\_\_\_

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

**Employment Goal:**

**Employer Information:**

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

**Address:** \_\_\_\_\_

**Supervisor phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Job Information:**

**Anticipated start date:** \_\_\_\_\_

**Job title:** \_\_\_\_\_

**Rate of pay:** \_\_\_\_\_ **Work schedule/shift:** \_\_\_\_\_

**Benefits Planning Results:**

**Essential Work Duties:**

**Additional Work Duties:**

**Job Requirements:**

**Skills Requirements:**

**Summary of job:** include work related terminology, physical demands, environmental hazards, new employee orientation, necessary trainings, work pace, culture, levels of stress, teamwork, dress code, interactions with other employees, etc.

**List identified support needs and address the following and any other relevant needs:**

**Will DSP need to support on the job?**

**Transportation Plan:**

**Job accommodations plan:**

**Assistive technology:**