

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

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

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

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

**Average hours worked per week:** \_\_\_\_\_ **Rate of pay:** \_\_\_\_\_

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

**Additional work duties:** \_\_\_\_\_

**Job requirements:**

**Skills requirements:**

**Areas where support needs were identified and how those needs have been addressed (i.e. natural supports on the job if available, DSP will provide support on the job, transportation plan, job accommodations, assistive technology, etc.):**

**Identify areas of support the individual still needs in order to complete their job duties/ requirements:**

**Identify what strategies have been implemented and how the needs will be supported day to day:**

The employment specialist recommends that the individual transition to **ongoing follow-along support** services.

The employment specialist recommends that the individual transition to **extended job supports** at this time in order to continue to build independence in their job using the following next steps.

**Next steps:**

**A team meeting will be held on \_\_\_\_\_ and the team agreed that the individual will transition to the following service: \_\_\_\_\_.**

**Support coordinator: \_\_\_\_\_ Date: \_\_\_\_\_**

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

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

**Support team members:**

_____	_____
_____	_____
_____	_____