

SE MILESTONE-1 I/DD, ABI/Autism Supported Employment

MILESTONE/SERVICE DATES: START: _____

END: _____

| | | | |
|--------------|----------|---------------|--------|
| Client Name: | Address: | Phone Number: | Email: |
|--------------|----------|---------------|--------|

M-1 SUPPORTED EMPLOYMENT INITIATE JOB SEARCH SERVICES

| | |
|--|---|
| VR Counselor: | Date Submitted to VR: |
| VR IPE Job Goal: | Other Acceptable Options: |
| Contributions (qualities you have to offer an employer): | Preferences (things you would prefer in a job): |
| Requirements (things you must have to accept a job): | Environments / Jobs to Avoid: |
| Employment Barriers | Possible Solutions: |

Here is a list of job search skills and activities that a person will need to have the ability to do to successfully obtain employment. Please mark the activities that would be most helpful for you and the Supported Employment Specialist to do together during the job search process.

| | |
|---|---|
| <input type="checkbox"/> Training Support on Work Skills & Arrive on Time/Leave on Time | <input type="checkbox"/> Job Interview Assistance |
| <input type="checkbox"/> Interview Skills Training | <input type="checkbox"/> Take to Job Interviews |
| <input type="checkbox"/> Train on Workplace Problem Solving | <input type="checkbox"/> Employer Advocacy & Follow-up |
| <input type="checkbox"/> Assist with Personal / Appearance Needs | <input type="checkbox"/> Assist in Developing Current Transportation Plan |
| <input type="checkbox"/> Assist in Developing Cover Letter/Resume | <input type="checkbox"/> Job Coaching to Learn Job |
| <input type="checkbox"/> Employment Application Assistance | <input type="checkbox"/> Contact & Develop Employer Opportunities |
| <input type="checkbox"/> Provide Job Leads / Information | <input type="checkbox"/> Follow up with Employers |
| <input type="checkbox"/> Identify & Advocate for Worksite Accommodation Needs | |

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

SE Specialist Signature _____

Date _____

VR Staff Signature _____

Date _____

 Copy sent to DD Service Coordinator