



Supported and Customized Employment Job Stability Report

Client Name:	VR Specialist:	SE Provider:
Job Title:	Job Start Date:	
Employer:	Supervisor:	
Employer Address:	Phone:	
Benefits: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan <input type="checkbox"/> None <input type="checkbox"/> Other	Hourly Wage:	Hours per Week:

SE Provider Report

Stabilization Criteria	Comments:
Describe the person's progress towards achievement of individualized stabilization criteria:	
Describe fading of job coaching/support:	
Describe the development of natural supports (to replace SE provider job coaching supports):	
Describe any ongoing need for benefits counseling/monitoring (reporting of income to SSA/HHS, use of PASS/IRWE, Ticket to Work reassignment, etc):	
Describe the ongoing plan for transportation:	
Additional comments:	

Employer Report

Performance Measures	Comments:
Employee strengths:	
Area(s) for improvement:	
Additional comments regarding work performance:	

Client/Authorized Representative Report

Job Satisfaction	Comments:
Describe the overall level of job satisfaction in the following areas: (work schedule, working conditions, hours, wage, benefits, etc)	
Describe any area of concern:	
Additional comments:	

Extended Services Plan

Extended Supports	Comments:
Describe the type(s) of support(s) that are required to maintain job stability:	
Projected level of job coaching/support hours per month:	

I verify that the information above is correct.

Client Signature	Date	Authorized Representative Signature	Date
Supported Employment Specialist Signature	Date	Nebraska VR Specialist Signature	Date

**Upon receipt of this report, the VR Specialist will convene a team meeting to discuss progress and make the determination about whether stabilization criteria are met. The date of VR Specialist signature will be the confirmed date of stabilization and transition to extended services.*
Copy to Provider/Client and DD Service Coordinator (if applicable).