



PROVIDER PROGRAM REVIEW- SUPPORTED EMPLOYMENT RECORD REVIEW SHEET

01-2013

Program name: _____ Date of review: _____
Reviewer's name: _____ Consumer name: _____
VR office: _____

REFERRAL PROCESS

Date referred to program: _____ VR referral form: ☐ Yes ☐ No
Copy of VR IPE: ☐ Yes ☐ No Job goal _____
Reason for referral: _____
Disability information: _____
Employed at referral: ☐ Yes ☐ No Why? _____
Date accepted into program: _____

EMPLOYMENT SERVICES

Provider plan of service: ☐ Yes ☐ No
Job goal matches IPE goal: ☐ Yes ☐ No If no, why? _____
Documentation indicates types of services provided for job search: ☐ Yes ☐ No
List services: _____

Services meet needs of consumer: ☐ Yes ☐ No
Referral to other community services: ☐ Yes ☐ No; List: _____
Documentation of communication with NE VR: ☐ Yes ☐ No; Frequency _____
Frequency of contact with consumer: _____

UNSUCCESSFUL DISCHARGE FROM PROGRAM

Date: _____ Reason: _____
Documentation of agreement of consumer & VR liaison for discharge: ☐ Yes ☐ No

EMPLOYMENT

Documentation of employment information: ☐ Yes ☐ No
Employer: _____ Job title: _____
Number of hours: _____ Salary: _____
Benefits _____

Documentation of job support: ☐ Yes ☐ No

Job coaching _____ number of hours; type _____

Off site support _____ number of hours; type of interventions: _____

Frequency of contact with employer: _____

If no employer intervention-reason: _____

JOB STABILIZATION

Date of stabilization: _____

Documentation of contact & agreement of stabilization with consumer, employer & VR liaison:

☐ Yes ☐ No

Number of hour of on site intervention at stabilization: _____

Documentation of agreement to stabilization with VR liaison: ☐ Yes ☐ No

EMPLOYMENT FOLLOW-UP

Frequency of face-to-face client contact: _____

Frequency of telephone contact: _____

Type of intervention to maintain employment: _____

Frequency of employer contact: _____; If none why? _____

Other services provided: _____

Documentation of communication with VR liaison: _____; Type _____

VR SUCCESSFUL OUTCOME & MOVE TO LONG TERM SUPPORTS

Employment information changes: _____

IPE goal: ☐ Yes ☐ No

Documentation of contact with consumer: ☐ Yes ☐ No

Documentation of contact with employer: ☐ Yes ☐ No

Documentation of job performance: ☐ Yes ☐ No

Documentation of VR & provider meeting to agree to successful VR outcome: _____

Plan for long term support: ☐ Yes ☐ No

Type of support requested: _____

Type of support provided: _____

Frequency of contact: _____

Date of discharge from long-term support: _____

Reason for discharge: _____