

**SE MILESTONE-3 I/DD, ABI/Autism Supported Employment**

MILESTONE/SERVICE DATES: START: \_\_\_\_\_

END: \_\_\_\_\_

Client Name:	Address:	Phone Number:	Email:
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**M-3 ID SUPPORTED EMPLOYMENT JOB STABILIZATION REPORT**

VR Counselor:	Job Start Date:	Stabilization Date:
Name of Employer:	Job Title:	
Hourly Wage:	Hours per Week:	Job Duties:
<b>STABILIZATION CRITERIA:</b> <input type="checkbox"/> Client satisfied with job & progress <input type="checkbox"/> On the job minimum of 30 days <input type="checkbox"/> Client performance meets employer expectations <input type="checkbox"/> Supports are sufficient to maintain job	Benefits: <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Health Insurance <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan	Employer Feedback: <input type="checkbox"/> No Employer contact per Client request
	Name of Employer Contact:	

**SUPPORTS PROVIDED THROUGH STABILIZATION:**

**PROJECTED INTERVENTIONS:**

<input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours: _____ <input type="checkbox"/> Off Site Hour: _____ <input type="checkbox"/> Face to Face: _____	<input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours: _____ <input type="checkbox"/> Off Site Hours: _____ <input type="checkbox"/> Face to Face: _____
<input type="checkbox"/> Client Contact- _____ (number of contacts for this period) <input type="checkbox"/> Face to Face Hrs: <input type="checkbox"/> Phone, Email, Text Hrs:	<input type="checkbox"/> Client Contact- _____ (number of contacts for this period) <input type="checkbox"/> Face to Face Hrs: <input type="checkbox"/> Phone, Email, Text Hrs:
<input type="checkbox"/> Employer Contact – _____ (times per month) Hrs. _____	<input type="checkbox"/> Employer Contact – _____ (times per month): <input type="checkbox"/> NA
<input type="checkbox"/> Assistance Learning the Job Hrs _____	<input type="checkbox"/> Job Retention Skills
<input type="checkbox"/> Problem Solving on the Job	<input type="checkbox"/> Problem Solving on the Job
<input type="checkbox"/> Work Related Behaviors	<input type="checkbox"/> Work Related Behaviors
<input type="checkbox"/> Worksite Accommodations Implemented	<input type="checkbox"/> Worksite Accommodations Implemented
<input type="checkbox"/> Attendance Skills	<input type="checkbox"/> Attendance Skills
<input type="checkbox"/> Implement Transportation Plan	<input type="checkbox"/> Developed Natural Supports at Worksite
<input type="checkbox"/> Personal / Appearance	<input type="checkbox"/> Work Work/Life Balance
<input type="checkbox"/> Develop Natural Supports at Worksite	<input type="checkbox"/> Transportation Plan Implemented
<input type="checkbox"/> Other:	<input type="checkbox"/> Personal / Appearance
<input type="checkbox"/> Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps)
<b>Comments:</b>	<b>Comments:</b>

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

SE Specialist Signature \_\_\_\_\_

Date \_\_\_\_\_

VR Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Copy sent to DD Service Coordinator