

ABI/Autism//DD SUPPORTED EMPLOYMENT 30 DAY REPORT

Instructions: This information must be submitted every 30 days during the job search period.

Client Name:	Address:
Phone Number:	Email:
Service Provider:	
DD Service Coordinator:	
Report start date: _____	Report end date : _____

SERVICES PROVIDED DURING JOB SEARCH PERIOD: Face to Face with Client _____ (number of hours)

Provide details of each:

Applications:

1. Employer _____ Outcome _____
 Follow-up _____

2. Employer _____ Outcome _____
 Follow-up _____

3. Employer _____ Outcome _____
 Follow-up _____

Interviews:

1. Employer _____
 Outcome/Follow-up _____

2. Employer _____
 Outcome/Follow-up _____

3. Employer _____
 Outcome/Follow-up _____

Other supports provided (explain):

Work related behavior: _____ Social Skills _____

Transportation: _____ Personal Appearance _____

Comments (Barriers, progress, other notable information):

 SE Provider Staff

 Nebraska VR Specialist

 Date

 Date