

# ABI/Autism/ID/DD CUSTOMIZED 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 CUSTOMIZED EMPLOYMENT PERIOD:

Job goal: \_\_\_\_\_

Targeted job tasks for customizing job: \_\_\_\_\_

**Provide details of each:**

**Contacts:**

1. Employer \_\_\_\_\_ Progress of CE/Outcome \_\_\_\_\_  
Follow-up \_\_\_\_\_

2. Employer \_\_\_\_\_ Progress of CE/Outcome \_\_\_\_\_  
Follow-up \_\_\_\_\_

3. Employer \_\_\_\_\_ Progress of CE/Outcome \_\_\_\_\_  
Follow-up \_\_\_\_\_

4. Employer \_\_\_\_\_ Progress of CE/Outcome \_\_\_\_\_  
Follow-up \_\_\_\_\_

**Comments: Include any barriers encountered, plans to overcome them, and need for team discussion, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other supports provided (explain):**

Work related behavior: \_\_\_\_\_

Transportation: \_\_\_\_\_

Social Skills: \_\_\_\_\_

Personal Appearance: \_\_\_\_\_

\_\_\_\_\_  
CE Provider Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nebraska VR Specialist

\_\_\_\_\_  
Date