

Assessment for Competitive Integrated Employment (CIE) Determination

Client Name:		
Does Client have an IPE approved? Yes No		
Employer Name:		
Work Location/Address:		
Supervisor Name and Title:		
Position Considered For:		
Date of Site Visit and Interview with Supervisor:		
Date and Location of Client Interview:		
Job Posting Available to General Public? Yes No		
Hire Date:		
Number of Employees with Disabilities: Without Disabilities:		
Business Hours:		
Schedule (Potential or Offered):		
Work Schedule Provided By:		
Wage: Wage for Staff w/o Disabilities:		
Benefits:		
Paycheck Received From:		
Describe Opportunities for Advancement:		
Anticipated Level of Support:		
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Describe Interaction with Co-Workers Without Disabilities:		
Describe Interaction with Co-Workers With Disabilities:		
Describe interaction with Co-vvorkers with disabilities.		
Describe Interaction with General Public/Customers Without Disabilities:		



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Describe \	Vork Tas	sks:
Equipmen	t used fo	or the position:
Other Con	nments:	
<u>DETERMI</u>		
Yes	_	It is determined this position meets the requirements of competitive earnings.
Yes	_ INO	It is determined this position meets the requirements of integrated location.
Yes	_ No	It is determined this position meets the requirements of opportunities for advancement.
Yes	_ No	It is determined this position meets all requirements of competitive integrated employment as defined in the Rehabilitation Act and 34 CFR part 361, Federal register Final Rules issued August 19, 2016.
VR Program Director:		tor: Date of Determination:
For further	· questio	ons, please contact:

For further questions, please contact:
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