

Job Performance Report – Employer

Using the scale below, base your ratings on the individual's current level of work performance.

1. **Does Not Meet** - Significant improvement needed, rarely able to complete tasks/goals. Requires near full-time support.
2. **Somewhat Meets** - Sometimes demonstrates competencies, requires frequent prompting and supports.
3. **Meets** - Able to complete tasks/goals most of the time with little prompting.
4. **Somewhat Exceeds** - Consistently performs tasks/goals independently to supervisor's standards.
5. **Greatly Exceeds** - Always completes tasks/goals independently, quality is excellent, role model for others.

Competency	Rating	Comments:
Job Task Quality and Completion Rate: The employee's work product meets the employer's standards. The employee's performance is comparable to that of coworkers.		
Attendance and Time Management: The employee arrives and leaves on time and maintains proper attendance. The employee/client takes meals and breaks appropriately.		
Communication and Interpersonal Skills: The employee uses appropriate communication skills. The employee gets along well with others.		
Appearance: The employee's grooming and hygiene are appropriate for the workplace.		

* If no employer feedback was obtained (due to client not providing consent or employer decline), ratings/comments can be included based off of the SE provider's observations and/or client's self-report (must be noted in the comments).

Client Report

	Comments:
<input type="checkbox"/> Client is satisfied with the job <input type="checkbox"/> Client is not satisfied with the job	

Job Coaching and Support Services

Provide specific examples of what services are being provided to address any areas (listed above) where the competency was rated at 1 or 2. This section can also be used to capture any other employment services provided to the individual.

Fading of SE Provider Supports

Provide specific examples of what strategies have been implemented to reduce the amount of on/off site supports provided; including the use of natural supports, assistive technology, etc.

I verify that the information above is correct.

Client Signature Date Authorized Representative Signature Date

Supported Employment Specialist Signature Date Nebraska VR Specialist Signature Date

Copy to DD Service Coordinator (if applicable)



Job Coaching / Job Support Invoice

Client Name: _____

Service Start Date: _____ Service End Date: _____

VR Specialist: _____

Provider: _____

Billing Address: _____

Total Hours Client Worked: _____

Total Hours of Job Coaching Provided: _____

Total Hours of Job Support Provided: _____

Hourly Rate: _____

(Hours Client Worked x Hourly Rate) Total invoice: _____

Provider Signature

Date

Nebraska VR Specialist Signature

Date