

Supported and Customized Employment Job Coaching/Job Support Report

SE Month # Serv			Service Sta	vice Start Date:					End Date:					
Client Name:					VR Specialist:				SE P	SE Provider:				
Job Title:								Job S	Job Start Date:					
Employer:									Supe	Supervisor:				
Employer Address:								Phone:						
Benefits: Health Insurance Dental Paid Vacation Paid Sick Leave Retirement Plan None Other								_eave	Hourly W	burly Wage: Hours per Week:			ek:	
Are there worksite accommodations that may require a referral for Assistive Technology? Yes No Explain:														
Job Coaching														
Hours of on-site job coaching Note number of hours each day, to the nearest quarter hour.														
Job Support														
Hours of off-site job support provided Note number of hours each day, to the nearest quarter hour.														
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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. 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: Client is satisfied with the job 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:
	Tota	ll Hours of Job Support Provided:
		Hourly Rate:
	(Hours Client Work	ed x Hourly Rate) Total invoice:
	Provider Signature	Date
	Nebraska VR Specialist Sign	ature Date