



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

[illegible]

## 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.**

[illegible]

***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

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Provider Signature

Date

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Nebraska VR Specialist Signature

Date