



## 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:
____ 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: \_\_\_\_\_

Total Hours of Job Support Provided: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

(Hours Client Worked x Hourly Rate) Total invoice: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date