



Supported and Customized Employment Job Coaching/Job Support Report

09/2023

Service Start Date: _____ End Date: _____

Client Name:	VR Specialist:	SE Provider:
Job Title:	Job Start Date:	
Employer:	Supervisor:	
Employer Address:	Phone:	
Benefits: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan <input type="checkbox"/> None <input type="checkbox"/> Other	Hourly Wage:	Hours per Week:

Attach verification of client hours worked.

Are there worksite accommodations that may require a referral for Assistive Technology? Yes No Explain:

Hours of on-site job coaching _____. Note number of hours each day, to the nearest quarter hour.

Hours of off-site job support provided _____. Note number of hours each day, to the nearest quarter hour.

Services provided on/off site (as applicable):	Examples of services provided:
Learning job duties	
Problem solving	
Interpersonal Skills	

Implementation of worksite accommodations	
Attendance skills	
Implementation of transportation plan	
Personal appearance	
Natural support development	
Other:	

Job Performance Report

<p>Using the scale below, base the employer/supervisor's ratings on the individual's current level of work performance.</p> <p>1. Unsatisfactory - Significant improvement needed, rarely able to complete tasks/goals. Requires near full-time support.</p> <p>2. Developing - Sometimes demonstrates competencies, requires frequent prompting and supports.</p> <p>3. Average - Able to complete tasks/goals most of the time with little prompting.</p> <p>4. Above Average - Consistently performs tasks/goals independently to supervisor's standards.</p> <p>5. Exceeds - Always completes tasks/goals independently, quality is excellent, role model for others.</p>		
Competency	Rating	Comments:
Attendance: The employee/client arrives and leaves on time and maintains proper attendance.		
Time Management: The employee/client takes meals and breaks appropriately.		
Appearance: The employee/client's grooming and hygiene are appropriate for the workplace.		
Communication: The employee/client uses appropriate communication skills.		
Job Task Completion Rate: The employee/ client's performance is comparable to that of coworkers.		
Job Task Quality: The employee/client's work product meets the employer's standards.		

Client/Authorized Representative Report

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

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