

## Supported Employment Job Coaching Monthly Report

**Job Candidate Name:**

**Service: Supported Job Coaching**

**CRP Staff:**

**Employment Location:**

**Employment Start Date:**

**1. A list of dates job coaching was provided:**

**2. Select the type of support provided to job candidate to become independent in employment.**

**(Select all that apply):**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Accommodations     | <input type="checkbox"/> Assistance with Communication | <input type="checkbox"/> Advocacy    |
| <input type="checkbox"/> Co-Worker Training | <input type="checkbox"/> Natural Supports Training     | <input type="checkbox"/> Soft-Skills |
| <input type="checkbox"/> Job Training       | <input type="checkbox"/> Other:                        |                                      |

**3. Employment Barriers Addressed:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Attendance            | <input type="checkbox"/> Punctuality   | <input type="checkbox"/> Transportation | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Co-Worker Interaction | <input type="checkbox"/> Appearance    | <input type="checkbox"/> Soft-Skills    |  |
| <input type="checkbox"/> Task Related          | <input type="checkbox"/> Communication | <input type="checkbox"/> Other:         |  |

**Discuss strategies to address issues identified in #2. and #3.**

**4. Natural Supports Training Developed:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Disability Awareness    | <input type="checkbox"/> Reasonable Accommodations and Assistive Technology | <input type="checkbox"/> Communication Strategies |
| <input type="checkbox"/> Work Station Design     |   |   |
| <input type="checkbox"/> Strategies for Learning |   |   |

**5. Timelines anticipated to reach stabilization and plan for fading:**

**6. Stabilization date and notification on contact made for transfer to Medicaid funds effective on:**

**7. Methods used to secure natural supports and identification of natural supports including names of co-workers identified.**

**8. CRP Comments/Next Steps:**

**Service provided: Supported Job Coaching**  
**Date(s) of service and hours worked each date:**

**Total number of hours worked:**

**CRP Signature:** 

***CRP staff submit this form to IVRS with any narrative needed to document the provision of this service.***