

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.