

Employment Progress Report

Provider Name:		
Person Served:		
Employment Outcome:		
Services Received:	<input type="checkbox"/> Group Employment Support <input type="checkbox"/> Career Planning <input type="checkbox"/> Career Exploration <input type="checkbox"/> Job Coaching <input type="checkbox"/> Job Seeking Skills <input type="checkbox"/> Other _____	<input type="checkbox"/> Individual Employment Support <input type="checkbox"/> Vocational Habilitation <input type="checkbox"/> Job Development <input type="checkbox"/> Job Retention <input type="checkbox"/> Community Based Assessment
Describe activities for each service:		
Describe progress for each service: (include percent of progress of each activity, expected completion, and result)		

Cc: CommunityWorks
 Cc: Operations Specialist

<p>Describe barriers encountered & action steps to overcome (include local labor market conditions)</p>	
<p>Describe the person's participation and input</p>	
<p>Has the person obtained employment?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>If yes, provide the following details:</p>	<p>Employer: Job Title: Start Date: Rate of Pay: Hours Worked: Benefits:</p>
<p>If employed, describe the person's progress.</p>	<p>Learning primary skills and position requirements. <input type="checkbox"/>Yes <input type="checkbox"/>No Follows directions and safety rules. <input type="checkbox"/>Yes <input type="checkbox"/>No Remains focused on task and maintains acceptable pace. <input type="checkbox"/>Yes <input type="checkbox"/>No Completes work accurately and on time. <input type="checkbox"/>Yes <input type="checkbox"/>No Interacts appropriately with co-workers, staff, & supervisors. <input type="checkbox"/>Yes <input type="checkbox"/>No Other comments:</p>
<p>If not employed, is the person advancing on the path to employment?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>Describe advancement. If not advancing, explain why and recommended action.</p>	

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