|  |  |
| --- | --- |
| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Supported Employment Training Plan and Job Retention Report** |
| **Instructions** | |

|  |
| --- |
| * For the **Supported Employment Job Development and Placement Benchmark,** the SE specialist completes the Reporting Period section through the Training Plan section and the Signature section. * For **each 28-day job retention period**, the SE specialist completes every section and updates the Training Plan section, as needed. * For **each 28-day job retention period**, the Training Sessions section must reflect a minimum of two customer visits and a minimum of one employer visit. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Information** | | | | | | | | | | | | |
| **Customer Name:** Marsha Wood | | | | | | | | **Case ID:** 123456 | | | | |
| **Training Plan or Job Retention Period** | | | | | | | | | | | | |
| **Start Date:** 4/21/22 | | | | | | | | **End Date:** 5/18/22 | | | | |
| Training Plan | | | | 1st Job Retention Period | | | 2nd Job Retention Period | | | 3rd Job Retention Period | | |
|  | | | | 4th Job Retention Period | | | 5th Job Retention Period | | | 6th Job Retention Period | | |
| Other, if any: | | | | | | | | | | | | |
| **Training Plan** | | | | | | | | | | | | |
| **Goal Number** | **Goal** | | | | | | | | | | **Goal Status** | |
|  | Marsha will demonstrate the ability to download, read and follow work schedule indepentently. | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  | Maraha will demonstrate the ability to perform the following job responsibilities (arranging bouquets, grooming flowers, stocking, cleaning) with use of job aids and natural cues meeting the employer's expectations. | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  | Marsha will demonstrate the ability to clock into and out of work indepentently using HEB time keeping system. | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  | Marsha will demonstrate the ability to use capital metro bus to get toand from work using appication and environmental cues independently. | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  | To train Extended Service Providers and Natural supports to support Marsha at worksite. | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
| **Training Sessions** | | | | | | | | | | | | |
| **Date** | | **Start Time** | **End Time** | | **Total time of session** | **Goal number(s) addressed** | **Trainer Initials** | | **Type of Visit** | | | **Setting** |
| 4/21/22 | | 1pm | 6pm | | 5 hours | 1,2,3 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 4/23/22 | | 1pm | 4pm | | 3 hours | 2,3 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 4/23/22 | | 1pm | 2:15pm | | 1.25 hours | NA | JST:  SES: M.P | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 4/24/22 | | 1pm | 6pm | | 5 hours | 3,4 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 4/25/22 | | 3pm | 5:15pm | | 2.25 hours | 3,4 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 4/26/22 | | 2pm | 6pm | | 4 hours | 1,3,5 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 4/30/22 | | 1pm | 2:30pm | | 1.5 hours | 3,5 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 5/2/22 | | 2pm | 3:15pm | | 1.25 hours | 1,3,5 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| **Reporting Period Summary** | | | | | | | | | | | | |
| **Summary of customer’s performance and how the customer is meeting employer’s expectations:**  Marsha continues to clean glass doors meeting the employer's expectations. Marsha is able to pull any dead leaves off flowers. She is learning how to recognize when the flowers need to be pulled out of the display case due to lack of freshness. Marsha has watched a video on the Blooms techniques, but still is requiring cues to distinguish good from on fresh flowers. Marsha requires daily cues to read/understand the display plans for the matierals that need to be stocked. She has demonstrated the ability to stock the flower arrangement station with ony occassional cues when she overlooks something. Marsha was given a new job responsibility to package flowers in the prepared arrangements for sale. She also gathers the flowers for the arrangements her co-worker is arranging. She must get the number of each type of flower used. Marsha needs to continue to improve her performance to independently meet the manager's expectations. | | | | | | | | | | | | |
| **Summary of training provided by the employer:**  NA  Blooms has provided training videos on distinguishing fresh and unfresh flowers, training by peer co-worker on how to read the display plans and how to gather the flowers for one pre-packaged flower arrangement. | | | | | | | | | | | | |
| **Summary of interventions provided by the Job Skills Trainer or Supported Employment Specialist:**  Created training video on the techniques of identifying fresh and unfresh flowers for reference so that Marsha can meet the employer's expectations. Provided verbal, modeling and indirect cues to remind Marsha of the steps necessary to complete various work tasks. Identified list of item to stock for the arrangement station and taught Marsha to use the list using her cell phone app. Created a job aid to assist Marsha with clocking in and out each day, as well as, locating and reading her work schedule. | | | | | | | | | | | | |
| **Describe the customer’s satisfaction with the job:**  Marsha states she continues to be happy with the position. Verbalized she hopes to be able to arrange flowers some day. | | | | | | | | | | | | |
| **Recommendations:**  NA  continue training | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | |
| **Job Skills Trainer (if any)** (not required for Training Plan) | | | | | | | | | | | | |
| **By signing below, I verify:**   * I provided services to the customer for the sessions above with my initials; * The dates, times and other information recorded in the report are accurate; * I signed the report below; * I maintain the staff qualification as stated in the TWC-VR Standards for Providers; and * I was supervised by the Supported Employment Specialist. | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Job Skills Trainers (if any)**  Typed name:  Typed initials: | **Signature:**  **X** | **Date Signed**: |

|  |
| --- |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached  **Endorsements:**  None  Autism  Blind and Visually Impaired  Brain Injury  Other, specify:  RID/BEI/SLIPI with Number:       or  proof attached |
| **Supported Employment Specialist:** |
| **By signing below, I verify:**   * I provided services to the customer for sessions above with my initials; * The dates, times and other information recorded in the report are accurate; * I signed the report below; * I maintain the staff qualification as stated in the TWC-VR Standards for Providers; and * If a Job Skills Trainer provided services, I supervised the service delivery. |

|  |  |  |
| --- | --- | --- |
| **Supported Employment Specialist**  Typed name:  Typed initials: | **Signature:**  **X** | **Date Signed**: |

|  |
| --- |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached  **Endorsements:**  None  Autism  Blind and Visually Impaired  Brain Injury  Other, specify:  RID/BEI/SLIPI with Number:       or  proof attached |