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

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| * 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. |

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| **Customer Information** | | | | | | | | | | | | |
| **Customer Name:** Marsha Wood | | | | | | | | **Case ID:** 123456 | | | | |
| **Training Plan or Job Retention Period** | | | | | | | | | | | | |
| **Start Date:** 5/19/22 | | | | | | | | **End Date:** 6/15/22 | | | | |
| 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 | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |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 | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |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 | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |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 | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |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** |
| 5/20/22 | | 9:15am | 9:30am | | 15 min | NA | JST:  SES: MP | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 5/25/22 | | 1:30pm | 2:00pm | | 30 min | NA | JST:  SES: MP | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 5/28/22 | | 2pm | 3pm | | 1 hour | 2,5 | JST: C.B  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 6/6/22 | | 2pm | 3pm | | 1 hour | 2,5 | JST: CB  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
| 6/13/22 | | 1pm | 1:30pm | | 30 min | NA | JST:  SES: MP | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
|  | |  |  | |  |  | JST:  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
|  | |  |  | |  |  | JST:  SES: | | Training  Customer Visit  Employer Contact  Job Skills Trainer Supervision | | | 1 to 1  Group  In-person  Remote |
|  | |  |  | |  |  | JST:  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 appears to be meeting the expectation of her manager and coworkers. Marsha continues to need support from natural supports and requires use of job aids. | | | | | | | | | | | | |
| **Summary of training provided by the employer:**  NA | | | | | | | | | | | | |
| **Summary of interventions provided by the Job Skills Trainer or Supported Employment Specialist:**  Trained the extended service provider, Connie, from Blue Bonnet, in Marsha's responsibiities and manager's expectations. Reviewed the job aides and expressed that adiditonal job aides would have to be created as additional job responsibilities are added in the future. Suggested that Connie check-in at the job site with Marsha and the manager at least 2x per month and encourage the manager to contact her if job responsibilites added or issues with Marsha's job performance. Prepare the Natural Support and Employer Extended Support forms. | | | | | | | | | | | | |
| **Describe the customer’s satisfaction with the job:**  Marsha expressed happiness with the job, but a little nervous with supports transfering to Connie. I told her we had 90 days to work out any issues before we would no longer be around. | | | | | | | | | | | | |
| **Recommendations:**  NA  Schedule Job Stability Meeting | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | |

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

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| **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. |

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

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| **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 |