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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:** | | | | | | | | **Case ID:** | | | | |
| **Training Plan or Job Retention Period** | | | | | | | | | | | | |
| **Start Date:** | | | | | | | | **End Date:** | | | | |
| Training Plan / First 5 days or shifts | | | | 1st Job Retention Period  4th Job Retention Period | | | 2nd Job Retention Period  5th Job Retention Period | | | 3rd Job Retention Period  6th Job Retention Period | | |
| Other | | | | | | | | | | | | |
| **Training Plan** | | | | | | | | | | | | |
| **Goal Number** | **Goal** | | | | | | | | | | **Goal Status** | |
|  |  | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  |  | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  |  | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  |  | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |
|  |  | | | | | | | | | | New  Achieved  Continuing to address  No longer applicable | |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** |
|  | |  |  | |  |  | 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 |
|  | |  |  | |  |  | 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 |
|  | |  |  | |  |  | 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:** | | | | | | | | | | | | |
| **Summary of training provided by the employer:**  NA | | | | | | | | | | | | |
| **Summary of interventions provided by the Job Skills Trainer or Supported Employment Specialist:** | | | | | | | | | | | | |
| **Describe the customer’s satisfaction with the job:** | | | | | | | | | | | | |
| **Recommendations:**  NA | | | | | | | | | | | | |
| **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** (see VR-SFP 3 on Signatures)**:**  **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  Deaf  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** (see VR-SFP 3 on Signatures)**:**  **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  Deaf  Other, specify:  RID/BEI/SLIPI with Number:       or  proof attached |