

**BASIC INFORMATION**

Individual Name	Individual Date of Birth
Counselor Name	Provider Name
Employment Specialist Name	Total billable hours
Date	

For the purpose of this document, and in accordance with the Supported Employment (SE) Service Fee Memorandum (SFM), supported employment services are viewed as intensive, ongoing support services provided to an individual after they begin employment. These services are needed to assist the individual in performing their work, which leads to stable and sustainable competitive integrated employment. Examples of such supports include, but are not limited to, the following: job coaching or training, routine contacts (e.g., employer, consumer, supervisor, etc.), orientation, problem-solving (with transportation, clothing, hygiene, soft skills), crisis management, career advancement (e.g., increasing work hours, promotions, or additional trainings).

**SERVICE**

Were services provided on this date performed onsite, offsite, or both? (Please choose)
What support services did you provide?

## RESULTS

What feedback did you receive from the employer about the individual's work performance?

What did you learn about the individual's job performance, employer, employment site?

How is the individual achieving stability on the job?

What does the individual need to perform their work more independently?

How are you reducing your presence on the job site?

What steps were taken to increase natural supports on the job?

What additional information or insight was obtained?

## NEXT STEPS

When will you provide the next service?

Do you feel the individual has reached stability on the job? (Choose one)

If the individual has achieved stability, then complete the Extended Services Plan and update the Employment Stability Assessment form and submit to the OVR Counselor. Submit this form to the counselor by the 5th of each month.

**Non-Discrimination Statement:**

The Kentucky Office of Vocational Rehabilitation does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, genetic information, marital status, sexual orientation, gender identity or expression, veteran status, pregnancy or affiliated medical condition, marital or familial status, or any other status protected by applicable law.