Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**Job Development Plan & Monthly Report**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

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| Report Month | Report Year (YYYY)     |
| Consumer IRIS Number (9 Digits)      | Service Provider Name (10-Character Abbreviation)      |
| Consumer Name (As Listed on Purchase Order)      | Service Authorization Date (MM/DD/YYYY)      |

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| [ ]  General Job Development [ ]  Supported Employment [ ]  Individual Placement[ ]  Customized Employment [ ]  Internship/Temporary Work [ ]  Student Work Based Learning |
| Check Initial if this is the first report and includes the Job Development Plan. Check Monthly if this report includes a monthly update on progress toward finding a position.[ ]  Initial [ ]  Monthly |
| Purchase Order (PO Number)      | Report Author      |
| Purpose of I/TW, if applicable (For example, "explore industry," "verify skills match," "test environment," "confirm interest," "identify skill deficits").       |
| Consumer has signed a release authorizing provider to contact employers [ ]  Yes [ ]  No |
| Desired Wage      | Desired Hours/Week      |
| Describe consumer's performance during preparation activities and recommendations for improvement in these activities if needed.       |
| Describe employment barriers and work site conditions needed (fragrance free environment, repetitive tasks, transportation, etc.).      |
| Resources and strategies to address barriers as well as sources of support during job development and after hire      |

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| Initial Plan Date      | Revised Plan Date      |
| Consumer IPE Goal (and approved intermediate alternatives)      |
| Describe topics discussed (attendance, punctuality, safety, work instructions, interaction with coworkers)      |
| Describe job preparation skills practiced (interview practice, job application, resume/cover letter development, job search, contacting employers, registering and navigating in Job Center of Wisconsin)      |

**Complete following sections on all reports**

**Plan for Transportation**

|  | Geographic Area it is Available/ Practical | Times it is Available (Days and Hours) | Flexible | Reliable | Cost per Ride | Training or Support Needed | Long-Term Option |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Walking |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Biking |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Public Transit |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Rides from Family |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Ride share with Community Member/Coworker |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Taxi or Transportation Company  |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Driver's License |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Available Vehicle |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Specialized Transportation |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Other       |       |       |       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**Initial Job Support Plan (Before Job Start)**

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| **Describe your discussion with the consumer about what help they would like to have to keep the potential jobs identified in the job development plan.** |
| Do you think that you will need help to keep your job? Do you want help from us to learn the job?       |
| What kinds of help do you want from others on your team once you get a job? For example: Do you think you might need accommodations or assistive technology?       |
| Do you need work related supplies or clothing?       |
| What are some things that might prevent you from going to work? What is the plan if they happen?      |
| How will you know if you start to feel dissatisfied or unhappy with your job or that you are having problems at work? What are some tools/coping strategies that you have used in the past on the job to manage stress?      |

**Members of the Support Team and how They will Provide Support**

| Name | Type of Support |
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|       |       |
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**Potential Employer Contacts**

| Employer Name  | Position |
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| **\*\*\*Signatures are optional, but agreement of all parties should be documented and dated below (email/phone discussion) at the time of the initial plan meeting.** |
| Next Plan Review Date      |
| Consumer Signature      | Date Signed/Agreement      |
| DVR Signature      | Date Signed/Agreement      |
| Service Provider Signature      | Date Signed/Agreement       |

**Monthly Job Search Activities**

| Date | Type of Meeting (DVR, consumer, employer, etc.) | Method of Contact | Employer Name | Position | Description of Interaction, (follow-up plan, next steps, or previous month feedback) |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
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| Items to address at Review Meeting (e.g., reasons for change in job goal, success or failure of employer outreach strategies, anticipated changes in approach, absenteeism/tardiness, suggested new businesses or industries, feedback from consumer, successes, etc.)      |

**Please add any additional information after this line.**