

R4 (4-weeks Employment) Milestone Report

Individual's Name: _____

Address: _____
Street Address City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____
Include Area Code Include Area Code

Contract: **R4** Supported Employment **R4** Employment & Retention

Employer: _____ Job Title: _____

(Complete using on-site observations, individual's reports, off-site contacts, employer contacts, team meeting discussion, etc.)

Please summarize the individual's current level of performance:

List strengths identified by the employer, EC or individual and state how they are being reinforced:

List any areas identified by the employer as needing improvement. Describe steps taken to address the issue(s):

List training and supports provided to assist the individual with maintaining employment:

Comment on how the individual interacts with supervisors and co-workers:

Select "**YES**", "**NO**", or "**N/A**" in response to the items below:

Was the **ESS-C-185**—*Job Accommodation Form* updated and submitted to DRS Counselor?

Yes **No** **N/A**

For SE:

During the four (4) weeks of this milestone weekly hours worked were _____, which is _____% of the Weekly Work Goal of _____ hours on the IPE. Exceeds **50%** **Yes** **No** **N/A**

Highly Challenged: **Yes** **No**

Contractor: _____ EC Name: _____

Submitted by: _____ Date: _____