

CE Maintenance Report

Individual's Name: _____

Address: _____
Street Address *City* *State* *Zip Code*

Home Phone Number: _____ Cell Phone Number: _____

Contractor: _____ DRS Counselor: _____

Describe any new job accommodation(s) that have been implemented and whether they worked, or if a change was required.

Please describe the individual's progress toward achieving job maintenance. If the individual has not achieved maintenance, please describe steps to be taken to assist them with achieving maintenance.

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Please provide information as communicated by the employer regarding the individual's current job performance. Describe steps taken to address any issues identified by the employer or individual that may affect long-term job success.

Select “YES” OR “NO” in response to each statement below:

- ☐ YES ☐ NO The employer is satisfied with the individual’s job performance.
- ☐ YES ☐ NO The individual is working at the minimum weekly work goal as identified on the IPE.
- ☐ YES ☐ NO The individual’s onsite/offsite supports and training needs are not more than 20% of their total work hours per month.
- ☐ YES ☐ NO The individual has worked one work week **without** EC support.

EC Name:_____ Date:_____