

CE Job Coaching Report

Individual's Name: _____

Contractor Name: _____ Current Service: _____

DRS Counselor Name: _____ EC Name: _____

Service Begin Date: _____ Service End Date: _____

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

Describe the training and supports provided to assist the individual with maintaining employment.

Select **“YES”** or **“NO”** in response to the statement(s) below, or leave blank if not applicable:

☐ **YES** ☐ **NO** The Job Accommodation Form (if revised) is complete and in the individual's case file.

Please indicate if the criteria for CE Maintenance have been met.

☐ **YES** ☐ **NO** The individual is working at sixty percent (60%) of their weekly work goal as identified on the IPE, and on-site supports are no more than twenty-five percent (25%) of their total work hours per month.

At the completion of CE Job Coaching I and CE Job Coaching II, complete the box below.

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.