



## Work Preparation and Life Skills Training (IWPLST) Individual Program Plan (IPP) and IPP Monthly Report

### Instructions:

#### Initial Individual Program Plan (IPP):

- The interdisciplinary team completes Work and Life Skills Preparedness Inventory, evaluating the customer's skills to identify what skills and behaviors are to be address in the customer's Individual Program Plan (IPP).
- The Initial IPP will be created within the first 21 days of admission.
- The initial IPP will include: goals, objectives, date each objective is set, date each objective is projected to be achieved, description of the customer's abilities at entrance of program as it relates to the goal and objectives, and a description of the customer's anticipated abilities upon completion of program.
- An IPP meeting is held to review and discuss the IPP, with adjustments being made based on feedback from the VR counselor.
- A projected discharge date from the program is established.
- The customer's VR counselor and the program's case manager sign the IPP to indicate agreement of the IPP.

#### Monthly IPP Reports:

- The interdisciplinary team reports on the goals and objectives identified on the IPP for the reporting period, recording a description of the customer's skills, abilities and challenges as they relate to each goal and objective. Be sure to describe performance in clear, descriptive terms so that the VR counselor can evaluate the customer progress.
- The IPP is updated at a minimum during every monthly reporting period (28 days).
- If a goal is not addressed for the reporting period, "not addressed for reporting period" must be recorded.
- As appropriate, the projected achievement date should be adjusted.
- When an objective has been achieved in a reporting period, record the date the objective was achieved.
- Add goals, objectives, and adjust the projected discharge date from the program, as necessary, to address any newly emerging skills and/or behaviors to be addressed in the customer's Individual Program Plan (IPP).
- The customer's VR counselor and the program's case manager sign the IPP to indicate agreement of the IPP.
- Invoice, IPP, attendance records, and any other supporting documentation is submitted no later than the 5th business day of the following month.

**Note:** Any goals added to the IPP, for next reporting period, should be added to the Staffing Form that is reviewed 5 to 10 days prior to the end of the month.

#### Rating scale used in establishing the measurable goals:

- Use the scale below to rate the customer's skills, abilities, and knowledge for each objective and/or goal in the Individual Program Plan (IPP).
- The scale can be used when rating the customer's skills, abilities and knowledge for each goal and objectives **each month** on the Individual Program Plan (IPP) and IPP Monthly Report when describing the customer's performance in the monthly report.
- If a skill is not being addressed with a customer during the reporting period, record "Skill Not Assessed (SNA)".

| Key or Level             | Description of Competency Level  |
|--------------------------|--|
| Unable to Perform (UP)   | <ul style="list-style-type: none"> <li>• Unable or unwilling to perform with continuous prompting or instruction</li> </ul>  |
| Marginal Skills (MS)     | <ul style="list-style-type: none"> <li>• Rarely or inconsistently performs the skill when provided instruction and/or supervision</li> <li>• Limited understanding or knowledge of the skill</li> <li>• Requires continuous prompting</li> </ul>   |
| Basic Skills (BS)        | <ul style="list-style-type: none"> <li>• Performs the skill when provided instruction, prompting and/or supervision</li> <li>• Basic understanding or knowledge</li> </ul>   |
| Intermediate Skills (IS) | <ul style="list-style-type: none"> <li>• Performs the skill occasionally without instruction and/or supervision, but still needs supervision and prompting at times (less than 10 % of time)</li> </ul>  |
| Proficient Skills (PS)   | <ul style="list-style-type: none"> <li>• Independent with skill or is able to use compensatory techniques to perform independently without assistance or supervision from another person</li> <li>• Detailed understanding or knowledge</li> </ul> |
| Skill Not Assessed (SNA) | <ul style="list-style-type: none"> <li>• Skill not assessed, observed or does not apply</li> </ul>   |

### General Information

|  |                     |
|--|---------------------|
| <b>Customer name:</b>  | <b>VRS case ID:</b> |
| <b>Associated service authorization number:</b>                            |                     |
| <b>Dates included in the period:</b> Start date: _____ and End date: _____ |                     |
| <b>Date of the IPP meeting with program and VR counselor:</b>              |                     |

### LIFE SKILLS

Skills that are necessary for participation in everyday life activities at home and in an integrated community environment.

|   |   |   |
|---|---|---|
| <b>Life Skill Area(s) addressed in goals and objectives:</b> (select all that apply)                    |   |   |
| Advocacy, Communication and Social Skills<br>Food Management<br>Money Management and Advocacy<br>Other: | Advocacy and Legal Issues<br>Personal Appearance and Hygiene Management<br>Disability and Health Management<br>Other: | Time Management<br>Personal Safety<br>Transportation Skills<br>Other: |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 1:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 2:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 3:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 4:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 5:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

| <b>Goal 6:</b>   |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 7:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 8:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 9:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 10:</b>  |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 11:</b>  |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

## Work Readiness Skills

Skills that are necessary for participation to enter work in a competitive integrated environment

**Work Readiness Skill Area(s) addressed in goals and objectives:** (select all that apply)

Work behavior and attitudes

Work Skills Exploration

Work Rules and Expectations

Work Problem Solving and Decision Making

Health and Safety at Work

Employee Benefits, Payroll, and Paycheck Basics

Work Soft Skills

Work Ethic

Interview Training

Work Tolerance

Other:

Other:

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 1:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 2:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 3:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 4:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 5:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 6:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 7:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 8:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 9:</b>   |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 10:</b>  |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

|  |                  |                                    |                       |
|--|------------------|------------------------------------|-----------------------|
| <b>Goal 11:</b>  |                  |                                    |                       |
| <b>Objectives:</b>                                       | <b>Date Set:</b> | <b>Projected Achievement Date:</b> | <b>Date Achieved:</b> |
| <b>A:</b>  |                  |                                    |                       |
| <b>B:</b>  |                  |                                    |                       |
| <b>C:</b>  |                  |                                    |                       |
| <b>Activities and Interventions:</b>                     |                  |                                    |                       |
| <b>Description of abilities at entrance of program:</b>  |                  |                                    |                       |
| <b>Anticipated abilities upon completion of program:</b> |                  |                                    |                       |
| <b>Detailed Monthly Progress Report:</b>                 |                  |                                    |                       |

## Monthly Report Summary and Recommendations

Dates included in Monthly Report:

Projected Discharge Date:

Person completing Report:

**Summary:**

**Recommendations:**

## Required Signatures at Submission of the Report

### Customer Signature and Legally Authorized Representative Signature

By signing below, I, the customer or legal authorized representative, agree with the training plan's goals, objectives, activities/interventions, descriptions(s) of abilities and progress recorded above. If you are **not satisfied, do not sign**, contact your VR counselor.

**Customer's signature:**

**X**

**Date:**

**Legal Authorized Representative's signature:**

**X**

**Date:**

### Case Manager's Signature

I, the case manager, certify:

- the above dates, times, report information is accurate;
- the training plan was reviewed with the customer's assigned VR Counselor, consumer and consumer's legal authorized representative, is any;
- consumer's and the consumer's legal authorized representative signature was gained on the date stated in the date field of the form;
- as the case manager maintain the required qualifications including UNTWISE credentials as stated in the Standards for Providers;
- all staff working with the customer, for the reporting period, have the required qualifications, including the UNTWISE credential (when applicable) or wavier approved by Director of Vocational Rehabilitations as stated in the Standards for Providers; and
- I handwrote my signature and the date below.

**Case manager's signature:**

**X**

**UNTWISE Credentials:**

**Date:**

### Vocational Counselor

I, the Vocational Counselor, certify that I have reviewed the report and agree with the

- Individual Program Plan (IPP), and
- Summary and Recommendations.
- I, the Vocational Counselor, approve the reports so that invoice can be processed.

**Vocational Rehabilitation Counselor's signature:**

**X**

**Date:**