|  |  |
| --- | --- |
| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Supported Employment Training Plan and Job Retention Report**  |
| **Instructions** |

|  |
| --- |
| * For the **Supported Employment Job Development and Placement Benchmark,** the SE specialist completes the Reporting Period section through the Training Plan section and the Signature section.
* For **each 28-day job retention period**, the SE specialist completes every section and updates the Training Plan section, as needed.
* For **each 28-day job retention period**, the Training Sessions section must reflect a minimum of two customer visits and a minimum of one employer visit.
 |

|  |
| --- |
| **Customer Information** |
| **Customer Name:**       | **Case ID:**       |
| **Training Plan or Job Retention Period** |
| **Start Date:**       | **End Date:**       |
| [ ]  Training Plan / First 5 days or shifts | [ ]  1st Job Retention Period[ ]  4th Job Retention Period | [ ]  2nd Job Retention Period[ ]  5th Job Retention Period | [ ]  3rd Job Retention Period[ ]  6th Job Retention Period |
| [ ]  Other |
| **Training Plan** |
| **Goal Number** | **Goal** | **Goal Status** |
|  |       | [ ]  New [ ]  Achieved[ ]  Continuing to address[ ]  No longer applicable |
|  |       | [ ]  New [ ]  Achieved[ ]  Continuing to address[ ]  No longer applicable |
|  |       | [ ]  New [ ]  Achieved[ ]  Continuing to address[ ]  No longer applicable |
|  |       | [ ]  New [ ]  Achieved[ ]  Continuing to address[ ]  No longer applicable |
|  |       | [ ]  New [ ]  Achieved[ ]  Continuing to address[ ]  No longer applicable |
| **Training Sessions** |
| **Date** | **Start Time** | **End Time** | **Total time of session** | **Goal number(s) addressed** | **Trainer Initials** | **Type of Visit** | **Setting** |
|       |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact[ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
|        |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact [ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
|       |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact[ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
|       |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact[ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
|       |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact[ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
|       |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact[ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
|       |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact[ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
|       |       |       |       |       | JST:    SES:     | [ ]  Training [ ]  Customer Visit[ ]  Employer Contact[ ]  Job Skills Trainer Supervision | [ ] 1 to 1 [ ] Group[ ] In-person [ ] Remote |
| **Reporting Period Summary** |
| **Summary of customer’s performance and how the customer is meeting employer’s expectations:**      |
| **Summary of training provided by the employer:** [ ]  NA      |
| **Summary of interventions provided by the Job Skills Trainer or Supported Employment Specialist:**      |
| **Describe the customer’s satisfaction with the job:**      |
| **Recommendations:** [ ]  NA      |
| **Signatures** |
| **Job Skills Trainer (if any)** (not required for Training Plan)  |
| **By signing below, I verify:*** I provided services to the customer for the sessions above with my initials;
* The dates, times and other information recorded in the report are accurate;
* I signed the report below;
* I maintain the staff qualification as stated in the TWC-VR Standards for Providers; and
* I was supervised by the Supported Employment Specialist.
 |

|  |  |  |
| --- | --- | --- |
| **Job Skills Trainers (if any)**Typed name:      Typed initials:       | **Signature** (see VR-SFP 3 on Signatures)**:** **X** | **Date Signed**:      |

|  |
| --- |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached **Endorsements:** [ ]  None [ ]  Autism [ ]  Blind and Visually Impaired [ ]  Brain Injury [ ]  Deaf [ ]  Other, specify:      [ ]  RID/BEI/SLIPI with Number:       or [ ]  proof attached |
| **Supported Employment Specialist:**  |
| **By signing below, I verify:*** I provided services to the customer for sessions above with my initials;
* The dates, times and other information recorded in the report are accurate;
* I signed the report below;
* I maintain the staff qualification as stated in the TWC-VR Standards for Providers; and
* If a Job Skills Trainer provided services, I supervised the service delivery.
 |

|  |  |  |
| --- | --- | --- |
| **Supported Employment Specialist** Typed name:      Typed initials:       | **Signature** (see VR-SFP 3 on Signatures)**:** **X** | **Date Signed**:      |

|  |
| --- |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached **Endorsements:** [ ]  None [ ]  Autism [ ]  Blind and Visually Impaired [ ]  Brain Injury [ ]  Deaf [ ]  Other, specify:      [ ]  RID/BEI/SLIPI with Number:       or [ ]  proof attached |