

**Instructions**

- For the **Supported Employment Job Development and Placement Benchmark**, the SE specialist completes the Customer Information, the Training Plan and Job Retention Period, the Training Plan and the Signature sections.
- 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	Other;	
1 <sup>st</sup> Job Retention Period	3 <sup>rd</sup> Job Retention Period	5 <sup>th</sup> Job Retention Period
2 <sup>nd</sup> Job Retention Period	4 <sup>th</sup> Job Retention Period	6 <sup>th</sup> Job Retention Period

**Training Plan**

Goal Number	Goal	Goal Status
1.		New Achieved Continuing to address No longer applicable
2.		New Achieved Continuing to address No longer applicable
3.		New Achieved Continuing to address No longer applicable
4.		New Achieved Continuing to address No longer applicable
5.		New Achieved Continuing to address No longer applicable

**Training Sessions**

**Key:** Training Delivery Method: **P**= Only in-person, **R**=Only remotely, and  
**B**= In person and/or remote as dependent on customer's needs  
Training Setting: **I**=individual, and **G**=group (maximum 6 customers to 1 trainer)

Date	Start Time	End Time	Total time of session	Goal number(s) addressed	Trainer Initials	Type of Visit	Training Delivery Method	Training Setting
					<u>JST:</u>	Training	P	I
					<u>SES:</u>	Customer Visit	R	G
						Employer Contact	B	
						Job Skills Trainer		

					Supervision		
				<u>JST:</u>	Training	P	I
					Customer Visit	R	G
				<u>SES:</u>	Employer Contact	B	
					Job Skills Trainer		
					Supervision		
				<u>JST:</u>	Training	P	I
					Customer Visit	R	G
				<u>SES:</u>	Employer Contact	B	
					Job Skills Trainer		
					Supervision		
				<u>JST:</u>	Training	P	I
					Customer Visit	R	G
				<u>SES:</u>	Employer Contact	B	
					Job Skills Trainer		
					Supervision		
				<u>JST:</u>	Training	P	I
					Customer Visit	R	G
				<u>SES:</u>	Employer Contact	B	
					Job Skills Trainer		
					Supervision		
				<u>JST:</u>	Training	P	I
					Customer Visit	R	G
				<u>SES:</u>	Employer Contact	B	
					Job Skills Trainer		
					Supervision		

### 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.

<b>Job Skills Trainer (if any)</b> Typed name: Typed initials:	<b>Signature</b> (see VR-SFP 3 on Signatures): <b>X</b>	<b>Date Signed:</b>
--	--	---------------------

**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.

<b>Supported Employment Specialist</b> Typed name: Typed initials:	<b>Signature</b> (see VR-SFP 3 on Signatures): <b>X</b>	<b>Date Signed:</b>
--	--	---------------------

**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