

Instructions

1. The customer, VR counselor, Job Placement Specialist, and any other Project SEARCH team members meet to finalize this form.
2. When the form is completed, each participant and Project SEARCH team member should receive a copy to ensure they are aware of the customer's employment interest.
3. If the employment goals change or non-negotiable conditions become negotiable, a new updated Placement Plan must be completed by holding a Job Placement Planning Meeting before the customer begins employment. VRS staff members and the customer will make the final decisions related to the employment goal and non-negotiable conditions.

Case Information

Customer's name:	Case ID:
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Form completed for: Establishment of Plan Update of Plan

Placement Planning Meeting Information

Location of meeting:	Date: Time:
Customer's name:	Guardian's name, if applicable:
Counselor's name:	Provider's name:

Record the names of any other persons attending the meeting and indicate their relationships to the customer.

Name	Relationship	Name	Relationship

**Skills, Abilities, Knowledge, Experience, Training, and Education
Related to Employment**

List the attributes related to employment that the customer identifies and that the meeting attendees agree on.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Employment Conditions

Non-negotiable conditions are those that a customer has indicated must be or must not be present in a job. **Negotiable conditions** are those that a customer would like the provider to consider when looking for a job. **Note:** All (100%) of the non-negotiable employment conditions and 50 percent or more of negotiable conditions must be met before the customer is placed.

The job placement specialist records each employment condition that is met at Placement

Employment Conditions	Negotiable	Non-negotiable	Achieved	Not Achieved
1. Number of hours to work per week: Minimum and maximum				
2. Hours per shift: Minimum and maximum				
3. Weekday hours available: Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				
4. Weekend hours available: Saturday:				
Sunday:				
5. Earnings cannot be less than (choose one): /month, or /week, or /hour				
6. Distance or time willing to travel to and from work:				
7. Transportation methods:				
8. Mandatory commitments that must be accommodated (examples: school, classes, religious observances):				
9. Job site accommodations and other support needs (for example, physical restrictions, supervision, compensatory techniques, training, or adaptive equipment):				
10. Other:				
11. Other:				

Service Delivery

VR counselor approves training required in Benchmark A to be provided:

Only in-person

Only remotely

In person and/or remote as dependent on customer's needs

VR counselor approves the two required customer visits between the 6th day of employment and the 45th day to be provided:

Only in-person

Only remotely

In person and/or remote as dependent on customer's needs

VR counselor approves the two required customer visits between the 46th day of employment and the 90th day to be provided:

Only in-person

Only remotely

In person and/or remote as dependent on customer's needs

Employment Goals

6-Digit SOC Codes	SOC Occupational Title	Summary of primary Job Tasks based on the SOC code to be performed	Achieved at Placement	
			Yes	No

VR Counselor Signature

I, the Vocational Rehabilitation Counselor, agree with information recorded on this form.

VR Counselor's signature:

X

Date:

Customer Signatures

Verification of the customer's satisfaction and service delivery obtained by:

Handwritten signature Digital signature (See VR-SFP 3 on Signatures)

By sending a copy of the document returned with a scanned signature

Unable to obtain signature, describe attempts:

Email verification, per VR-SFP 3 (must be attached)

I, the customer, am satisfied and agree with the information on this form.

Customer's signature:

X

Date Signed:

Provider Signatures

Job Placement Specialist signature

I, the Job Placement Provider, agree with information recorded on this form.

Typed or Printed name:

Signature: (see VR-SFP 3 on Signatures)

X

Date Signed: