|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |



**Supported Employment**

**574X-Job Placement (Day 45)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Vendor: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant First Name: | Click to enter | | Participant Last Name: | Click to enter |
| Participant Phone Number: | | Click to enter | | |
| Participant Email Address: | | Click to enter | | |

**Section 1: Employment Details & Deliverables**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Title: | | | | | | Click to enter | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Business Name (Employer): | | | | | | Click to enter | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Supervisor: | | | | | | Click to enter | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Start Date of Employment: | | | | | | Click to enter | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Work Location: | | | | | | Click to enter | | | | | | | | |
|  | | | | | |  |  |  |  | | | |  |  |
| Work Schedule/Hours: | | | | | | Click to enter | | | | | | | | |
|  | | | | | |  |  |  |  | | | |  |  |
| Wages: | | | | | | Click to enter | | | | | | | | |
|  | | | | | |  |  |  |  | | | |  |  |
| Have job responsibilities changed since the initial placement: | | | | | | | | | | | | | | |
|  | | Yes |  | No |  | | | | | | | | | |
|  | If yes, describe the new responsibilities or attach the job description. | | | | | | | | |  |  |  |  |  |
|  | Click to enter | | | | | | | | | | | | | |
|  | | | | | |  |  |  |  | | | |  |  |
| Type of Placement: | | | | | |  | Individual |  | Group | | | |  |  |
|  | | | | | |  |  |  |  | | | |  |  |
| Benefits (Detail type and eligibility date): | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | |
|  | | | | | |  |  |  |  | | | |  |  |

**Section 2: Performance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Business/Employer Expectations (answers should relate to the individual’s ability to complete basic job tasks): | | | | | | | |
|  |  | | | | | | |
| 1. | Does the individual’s job performance meet the business expectations? | | | | | | |
|  |  | Superior |  | Satisfactory |  | Needs Improvement | |
|  |  |  |  |  |  |  | |
| 2. | Has the participant learned the essential functions of the job? | | | | | | |
|  |  |  |  | Yes |  | No | |
|  |  | Explain: | Click to enter | | | | |
|  |  |  |  |  |  |  | |
| 3. | List areas of performance that require improvement (production/quality) and note strategies that will address these areas: | | | | | | |
|  | Click to enter | | | | | | |
|  |  |  |  |  |  |  |  |
| 4. | List any changes or additions to the natural supports noted in the 573X-Job Placement Day 5 Report: | | | | | | |
|  | Click to enter | | | | | | |
|  |  |  |  |  |  |  |  |
| 5. | How does the individual work in partnership with the job coach? | | | | | | |
|  | Click to enter | | | | | | |
|  |  | | | | | | |
| 6. | Does the employer provide regularly scheduled feedback on performance? | | | | | | |
|  | Click to enter | | | | | | |

**Section 3: Skill and Work Behavior Assessment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Respond Yes if the individual has demonstrated the skill; No if he/she has not attained the skill and N/A if not applicable: | | | | | | | |
|  |  | |  |  |  | | |
|  |  | |  |  |  | | |
| 1. | **Entry level skills:** | | **Yes** | **No** | **N/A** | | |
|  |  | |  |  |  | | |
|  | Completes work accurately | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Completes work on time | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Completes work to the business standards of quality | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Follows work-related rules and regulations | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Demonstrates punctuality | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Manages time well | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Demonstrates organization in work activities | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Communicates well with others | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Displays appropriate hygiene | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  |  |  |
| Comments: | | | | | | | |
|  | Click to enter | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  | | |
| 2. | **Related Job Retention Attributes:** | | **Yes** | **No** | **N/A** | | |
|  |  | |  |  |  | | |
|  | Displays initiative | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Utilizes sound coping skills (Communicates, problem solves, etc.) | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Is able to learn new responsibilities | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Demonstrates ability to deal with change | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Complies with health and safety rules | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Exhibits self-direction | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Can work as part of a team | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Demonstrates willingness to take instruction | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Demonstrates willingness to take responsibility | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Accepts direction and feedback from supervisor | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Displays knowledge of workplace policy and ethics | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Asks appropriate questions | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  | | |
|  | Makes sound decisions | |  |  |  | | |
|  | If no, describe strategy to address: | Click to enter | | | | | |
|  |  | |  |  |  |  |  |
| Comments: | | | | | | | |
|  | Click to enter | | | | | | |

|  |
| --- |
| \*Please note that wage verification (paystub or letter from employer verifying wages) is required with the submission of the 574X. If a paystub or letter from the employer verifying wage(s) is not available, the vendor and participant signature on this form is sufficient. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I hereby certify that the information submitted on this report is true and correct.** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |
| **I hereby certify that the information submitted on this report is true and correct.** | | | | |
|  | |  | Click to enter | |
| Participant Signature | |  | Date |  |
| Click to enter | |  |
| Printed Name |  |  |