



AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

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

VR District Office:	Vendor:
VRC Name:	NYS Fiscal System ID:
	Report Date:

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

**Section 1: Employment Details & Deliverables**

Job Title:

Business Name  
(Employer):

Supervisor:

Start Date of  
Employment:

Work Location:

Work Schedule/Hours:

Wages:

Have job responsibilities changed since the initial placement:  
 Yes  No  
 If yes, describe the new responsibilities or attach the job description.

Type of Placement:       Individual    Group

Benefits (Detail type and eligibility date):

**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:
  
3. List areas of performance that require improvement (production/quality) and note strategies that will address these areas:
  
4. List any changes or additions to the natural supports noted in the 573X-Job Placement Day 5 Report:
  
5. How does the individual work in partnership with the job coach?
  
6. Does the employer provide regularly scheduled feedback on performance?

**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. <b><u>Entry level skills:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
Completes work accurately If no, describe strategy to address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes work on time If no, describe strategy to address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes work to the business standards of quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If no, describe strategy to address:			
Follows work-related rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Demonstrates punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Manages time well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Demonstrates organization in work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Communicates well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Displays appropriate hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Comments:			

<b>2. <u>Related Job Retention Attributes:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
Displays initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Utilizes sound coping skills (Communicates, problem solves, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Is able to learn new responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Demonstrates ability to deal with change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Complies with health and safety rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Exhibits self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If no, describe strategy to address:			
Can work as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Demonstrates willingness to take instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Demonstrates willingness to take responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Accepts direction and feedback from supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Displays knowledge of workplace policy and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Asks appropriate questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Makes sound decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe strategy to address:			
Comments:			

\*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.**

\_\_\_\_\_  
Qualified Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone Number:

Email:

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**I hereby certify that the information submitted on this report is true and correct.**

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Participant Signature

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Date

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Printed Name