



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

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

VR District Office:	Provider:
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

<p>Job Title:</p> <p>Business Name (Employer):</p> <p>Supervisor:</p> <p>Start Date of Employment:</p> <p>Work Location:</p> <p>Work Schedule/Hours:</p> <p>Wages:</p> <p>Have job responsibilities changed since the initial placement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the new responsibilities or attach the job description.</p>
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VR-574X

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

VR-574X

If no, describe strategy to address:			
Completes work to the business standards of quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:			

2. <u>Related Job Retention Attributes:</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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:			

VR-574X

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

*Please note that wage verification is required with the submission of the 574X. (paystub or letter from the employer verifying wage(s)).

Completed By:

Qualified Staff
Signature

Date

VR-574X

Printed Name

Phone Number:

Title

Email: