|  |  |  |
| --- | --- | --- |
| 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 |  |  |