

Job Development Plan

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

Report Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

General Job Development Customized Employment	Supported Employment Internship/Temporary Work	Individual Placement Student Work Based Learning
Check Initial if this is the first report and includes the Job Development Plan. Check Monthly if this report includes a monthly update on progress toward finding a position. Initial Monthly		
Purchase Order (PO Number)	Report Author	
Purpose of I/TW, if applicable (For example, "explore industry," "verify skills match," "test environment," "confirm interest," "identify skill deficits").		
Consumer has signed a release authorizing provider to contact employers Yes No		
Desired Wage	Desired Hours/Week	
Initial Plan Date	Revised Plan Date	
Consumer IPE Goal (and approved intermediate alternatives)		

Job Development Preparation and Plan

Use this section to provide details of how job development will progress, and preparation provided to the consumer ahead of active job development.

Provide detail about the job development process and responsibilities for the following: contact standard for progress meetings, communication, scheduling, interviews, and application.

Describe job preparation skills provided based on referral from DVR and consumer's request: interview practice, job application, resume/cover letter development, job search, contacting employers, registering and navigating in Job Center of Wisconsin, employment eligibility verification and tax forms.

Initial Job Support Plan (Before Job Start)

Describe discussion and plans developed with the consumer about what needs they anticipate to keep potential jobs identified in this plan.

Are there known accommodations identified given the type of job and needs of the consumer? What are they? (e.g., Schedule, environmental, work task modifications)

What types of supports will be offered to support the consumer, to learn job tasks, or to navigate employer expectations?

What types of logistical supports will need to be provided such as transportation planning, work clothing, equipment, tools, etc.?

Potential Employer Contacts

Employer Name	Position

Employer Name	Position

<p align="center">***Signatures are optional, but agreement of all parties should be documented via in person/email/phone discussion at the time of the initial plan meeting.</p>	
<p>Next Plan Review Date</p>	
<p>Consumer Signature</p>	<p>Date Signed/Agreement</p>
<p>DVR Signature</p>	<p>Date Signed/Agreement</p>
<p>Service Provider Signature</p>	<p>Date Signed/Agreement</p>

Please add any additional information after this line.
