

Job Development Plan & Monthly Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

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. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Initial Monthly </div>		
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 <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		
Desired Wage	Desired Hours/Week	
Describe consumer's performance during preparation activities and recommendations for improvement in these activities if needed.		
Describe employment barriers and work site conditions needed (fragrance free environment, repetitive tasks, transportation, etc.).		
Resources and strategies to address barriers as well as sources of support during job development and after hire		
Initial Plan Date	Revised Plan Date	
Consumer IPE Goal (and approved intermediate alternatives)		

Describe topics discussed (attendance, punctuality, safety, work instructions, interaction with coworkers)

Describe job preparation skills practiced (interview practice, job application, resume/cover letter development, job search, contacting employers, registering and navigating in Job Center of Wisconsin)

Complete following sections on all reports

Plan for Transportation

	Geographic Area it is Available/ Practical	Times it is Available (Days and Hours)	Flexible	Reliable	Cost per Ride	Training or Support Needed	Long-Term Option
Walking						Yes No	Yes No
Biking						Yes No	Yes No
Public Transit						Yes No	Yes No
Rides from Family						Yes No	Yes No
Ride share with Community Member/Coworker						Yes No	Yes No
Taxi or Transportation Company						Yes No	Yes No
Driver's License						Yes No	Yes No
Available Vehicle						Yes No	Yes No
Specialized Transportation						Yes No	Yes No
Other						Yes No	Yes No

Initial Job Support Plan (Before Job Start)

<p>Describe your discussion with the consumer about what help they would like to have to keep the potential jobs identified in the job development plan.</p>
<p>Do you think that you will need help to keep your job? Do you want help from us to learn the job?</p>
<p>What kinds of help do you want from others on your team once you get a job? For example: Do you think you might need accommodations or assistive technology?</p>
<p>Do you need work related supplies or clothing?</p>
<p>What are some things that might prevent you from going to work? What is the plan if they happen?</p>
<p>How will you know if you start to feel dissatisfied or unhappy with your job or that you are having problems at work? What are some tools/coping strategies that you have used in the past on the job to manage stress?</p>

Members of the Support Team and how They will Provide Support

Name	Type of Support

Potential Employer Contacts

Employer Name	Position

Employer Name	Position

***Signatures are optional, but agreement of all parties should be documented and dated below (email/phone discussion) at the time of the initial plan meeting.	
Next Plan Review Date	
Consumer Signature	Date Signed/Agreement
DVR Signature	Date Signed/Agreement
Service Provider Signature	Date Signed/Agreement

Monthly Job Search Activities

Date	Type of Meeting (DVR, consumer, employer, etc.)	Method of Contact	Employer Name	Position	Description of Interaction, (follow-up plan, next steps, or previous month feedback)

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Items to address at Review Meeting (e.g., reasons for change in job goal, success or failure of employer outreach strategies, anticipated changes in approach, absenteeism/tardiness, suggested new businesses or industries, feedback from consumer, successes, etc.)

Please add any additional information after this line. _____