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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program****Individual Placement and Support Job End Report** |

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|  |
| Customer Name:       CRP Agency Name:       |

## Information about the Job

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |       | Start Date: |       |
| Employer: |       | Job End Date: |       |
| Was there disclosure? |       | Benefits? |       |
| Date Employment Specialist met with customer after job loss: |       | Rate of Pay: | $       |

## Reason for Job End

|  |
| --- |
| [ ]  Quit for a better job [ ]  Quit- illness related [ ]  Quit for another reason [ ] Terminated  |
| Customer’s perspective regarding job end: |       |  |  |
|  |  |  |  |
|  |  |  |  |
| Staff comments regarding job end: |       |  |
|  |  |  |
|  |  |  |
| Employer comments: |       |  |  |
|  |  |  |  |
| Types of supports provided: |       |  |  |
|  |  |  |  |
|  |  |  |  |
| What did the person like/dislike about the position? |       |  |  |
|  |  |  |  |
|  |  |  |  |

## Next Steps

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| Does the person wish to find another job? [ ] Yes [ ] No [ ] Unsure at this time  |
| If so, what kind? |       |  |
|  |  |  |
|  |  |  |  |
| Customers preferences regarding disclosure on the next job: |       |
|  |  |

Next Steps:

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\*Reminder: Employment Specialist should meet with customer within three days of job loss.

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Signature of Employment Specialist Date