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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Supported Employment Consultation and Services Plan** |

**Report for**       (**Month)**       (**Year)**

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| **VR Counselor Name:** | | |  | |
| **Customer Name:** |  | | **CRP Agency Name:** | |

**ATTENDEES**

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| **VR staff**  **CRP Employment Staff**  **CRP Residential**  **Other**  **Friend** | **ISC**  **Family**  **Conservator/ Guardian**  **School**  **Case Manager**  **Direct Service Person** |

**WORK**

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| How was work determined to be a goal?    Has the person worked before, or volunteered? Likes and dislikes about each experience    How will the disability condition affect work?    Targeted number of hours wanting to work    Initial discussion of accommodations or assistive technology that will be needed |

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| **Job Developing**  A discussion of how each attendee may help, what areas to focus on and assistance that may be needed  Targeted jobs, job descriptions, broad category of work    Hours, environmental conditions, time of day    Days not available to work    Who has connections in these broad categories of work    When do we start looking    Responsibilities of the job seeker    Responsibilities of the CRP staff    Training, clothing, tools, transportation that may be needed |

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| **Representational Consideration** The job developer will be representing job seeker in the community.  How does the job seeker want to be represented?    How will disabilities be addressed with an employer?    Do any attendees need help with a description on how to present the job seeker to an employer?    A video?    A portfolio showing what the job seeker’s abilities are?    A resume?    Instead of saying this person has “Autism” (or an intellectual disability, or mental health issues) how would you describe specific characteristics and how they would impact work    **Other Important Information** This is individualized but could include:  Criminal record    Substance abuse    Safety Concerns    Unique aspects of this customer’s life |

**PLAN OF ACTION**

**Expectations of those attending this meeting.** Everyone attending this meetinghas expressed an interest and desire for the person to find employment. How is each attendee going to assist in identifying, getting and keeping competitive integrated employment. This could include providing areas of interest, networking contacts, transportation or motivational support.

**The CRP understands as the Supported Employment services provider, the CRP will have the ultimate responsibility to coordinate and provide on-going support services once the case is successfully closed with VR. This will be documented further using the IPE and the Extended Services Plan.**

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| **Signature:** | |
| I, the SE Employment Specialist certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain the credential and training requirements as described in the CRP Service Guide. | |
| Name & Signature of the SE Employment Specialist: | Date form completed: |