

# Onsite Supports and Training Report

Individual's Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Month of Service: \_\_\_\_\_

DRS Counselor Name: \_\_\_\_\_ EC Name: \_\_\_\_\_

Begin Date of Service: \_\_\_\_\_ End Date of Service: \_\_\_\_\_

Describe any new job accommodation(s) that have been implemented and whether they worked, or whether a change was required.

Describe the training and supports provided to assist the individual with maintaining employment?

Select **“YES”** or **“NO”** in response to the statement(s) below, or leave blank if not applicable:

**YES**     **NO**    The Job Accommodation Form (if revised) is complete and in the individual's case file.

**Please indicate if the criteria for CE Maintenance have been met.**

**YES**     **NO**    The individual is working at sixty percent (60%) of their weekly work goal as identified on the IPE, and on-site supports are no more than twenty-five percent (25%) of their total work hours per month.

**At the completion of the Onsite Supports and Training service, complete the employer information below.**

Please provide information as communicated by the employer regarding the individual's current job performance. Describe steps taken to address any issues identified by the employer that may affect long-term job success.