

Placement Report

(Permanent from Internship)

Individual's Name: _____ Contractor Name: _____

DRS Counselor Name: _____ Contract: _____

Employer (Business name): _____

Employer's Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone Number: _____
First and Last Name Include area code

Individual's Job Title: _____ Start Date: _____

Starting Pay: _____ Total Hours per Week: _____
Rate, Type (hourly, weekly, monthly, annual or estimated commission)

Work Schedule:

Sample	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00a – 10:00a							
4:00p – 8:00p							

Dates of first five (5) days of employment: _____

Benefits available: Full/partial health insurance Sick leave Vacation Retirement

Other: _____

Description of individual's job duties:

Summarize individual's response to job duties, environment, work schedule etc. and EC's observations:

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Select "YES", "NO", or "N/A" in response to each statement below:

YES NO The **ESS-C-157**—*Pre-Placement Information Form* was emailed to the DRS Counselor and ESS TA **prior** to or on the start date.

YES NO N/A The **ESS-C-185**—*Job Accommodation Form* was completed.

YES NO Internship resulted in competitive integrated employment.

EC Name: _____ Date: _____