Employment Outcome Report

Individual's Name:		Case Number:		
Street Address		City		State Zip Code
Home Phone Number:		Cell Phone Number:		
Contract: CE EF	_	☐ SE	molado y nod Godo	
Vocational Goal on the IPE:		Is jol	o related to IPE go	oal? ☐ Yes ☐ No
Employer (Business Name):				
Employer's Address: Street Address				
Street Address Employer Contact:		^{City} Phone Nu	mher	State Zip Code
Employer Contact: First, Last Name, Til	tle	1 110110 140	(Area Code) Numi	ber, Extension if applicable.
Individual's Job Title:			S	start Date:
Starting Hourly Wage:	Current Wa	ge:	Total hours per week:	
SE weekly work goal from IPE:	Is	the weekly work go	oal met or exceede	ed? 🗌 Yes 🔲 No
Benefits Available:	al Health Insurance	Sick Leave	☐ Vacation	Retirement
Other:				
Please list any changes in job du	ties or responsibilitie	es since employmer	nt began:	
Document any positive feedback were addressed:	or concerns identifie	ed by the individual	or guardian. Desc	ribe how concerns
Document any positive feedbar performance and describe steps				dual's current job
Select "Yes" "No" or "N/A" in re	esponse to each stat	ement below:		
Yes No Was this	an Internship, which	ı led to permanent e	employment?	
approved	for those services t	extended support services, the individual has been hrough Developmental Disability Services (DDS). If no, e provided and who will pay for them?		
EC Name:			Date:	