

## R4 (4-weeks Employment) Milestone Report

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

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
*Include Area Code* *Include Area Code*

Contract:  **R4** Supported Employment  **R4** Employment & Retention

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**(Complete using on-site observations, individual's reports, off-site contacts, employer contacts, team meeting discussion, etc.)**

Please summarize the individual's current level of performance:

List strengths identified by the employer, EC or individual and relate how they are being reinforced:

List the areas identified by the employer as needing improvement. Describe steps taken to address the issue(s):

List training and supports provided to assist the individual with maintaining employment:

Comment on how the individual interacts with supervisors and co-workers:

Select "**YES**" "**NO**" or "**N/A**" in response to the items below:

Was the **ESS-C-185**—*Job Accommodation Form* updated and submitted to DRS Counselor?

Yes  No  N/A

**For SE:**

During the four (4) weeks of this milestone weekly hours worked were \_\_\_\_\_, which is \_\_\_\_\_% of the Weekly Work Goal of \_\_\_\_\_ hours on the IPE. Exceeds 40%  Yes  No  N/A

Was team meeting conducted and documented on **ESS-C-173**—*Team Meeting Narrative*?

Yes  No  N/A Intensive Supports: Yes No

Contractor: \_\_\_\_\_ EC Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_