

R8 (8-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: ☐ **R8** Supported Employment ☐ **R8** Highly Challenged

Employer: _____ Job Title: _____

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

Please summarize the individual's level of performance during this milestone:

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

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 **75%** ☐ **Yes** ☐ **No**

Contractor: _____ EC Name: _____

Submitted by: _____ Date: _____