

Stabilization 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: Supported Employment Intensive Supports (formerly Highly Challenged)

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 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:

Team meeting conducted and documented on ESS-C-173 *Team Meeting Narrative*: Yes No

Was the ESS-C-185 *Job Accommodation Form* updated and submitted to DRS Counselor? Yes No N/A

During the stabilization milestone the individual worked a minimum of _____ hours per week, which is _____% of their Weekly Work Goal of _____ hours on the IPE.

This meets or exceeds 100% of the IPE goal: Yes No

The individual has worked one week without EC support. Yes No

Contractor: _____ EC Name: _____

Submitted by: _____ Date: _____