



GEORGIA VOCATIONAL REHABILITATION AGENCY

**Supported Employment Monthly Progress Report**  
Month:

**Choose the Identified Supported Employment model:**

Traditional     IPS     Customized Supported Employment

**Instructions:** This report must be completed in its entirety. Please give specific examples of what is being done to assist the client in becoming independent in these areas. If certain sections are not applicable, indicate accordingly. If an area was identified as not being needed on the "Supported Employment Service Agreement" please indicate that by "N/A."

Job Seeker's Name:

Counselor's Name:

SE Employment Specialist  
Name:

SE Provider Name:

Job Seeker's Employment  
Goal:

Date range report covers:

Hours of Job Coaching:

Date report submitted:

**IDENTIFIED CONSIDERATIONS AND STRATEGIES**

**Medical Considerations:** Describe any accommodations or strategies related to medical conditions being utilized during job development/employment including the responsible party. Issues may include addressing regularly scheduled medical appointments, medication side-effects, work-related restrictions, transportation to and from appointments, etc.

Responsible persons:



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**Behavioral Health Considerations:** Describe any accommodations or strategies related to behavioral health conditions being utilized during job development/employment including the responsible party. Issues may include addressing regularly scheduled appointments, medication side-effects, work-related restrictions, transportation to and from appointments; and the strategies for addressing these considerations. *Note: IPS must include participation in interdisciplinary meetings.*

Responsible persons:

**Sensory:** Describe how the job seeker's hearing and vision needs are being addressed during job development/employment, to include the potential need for on-going communication support, orientation & mobility training at start of employment, and potential need for employer training. *This could include also sensory sensitivities and accommodations.*

Responsible persons:

**Assistive Technology/Accommodations/On the job Supports/Learning Style:** Describe the use of AWT, accommodation and on the job supports being utilized. Describe the strategies being used to assist the job seeker in learning their tasks, to include incorporating their preferred learning style.

Responsible persons:

**Release of Information/Self-Advocacy:** Describe how the disclosure of pertinent information has been addressed during job development, along with any information the job seeker does not wish to be disclosed. Also describe the job seeker's progress with/utilization of self-advocacy, along with any ongoing concerns.



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Responsible persons:

**Job Development:** Describe the progress and activities being utilized to identify employers, positions and/or job tasks and how the job seeker is involved.

*(IPS providers must adhere to the applicable principles and maintain fidelity to the IPS model. Customized SE providers must provide strategies specific to that model. Service delivery strategies should be those identified in the Discovery Process and Planning Meeting.)*

Responsible persons:

**On-going Supports & follow-up:** Indicate what ongoing supports and follow up are being provided following placement to address interpersonal behaviors, work place behaviors, adjustment services and retention.

Responsible persons:

**Potential Barriers:** Describe any new or ongoing potential barriers to employment and the related compensatory strategies ( i.e, felony background, transportation, housing, etc)

Responsible persons:

**Extended Services:** Describe when and how extended services, beginning at Training & Initiation of Stabilization, are being/have been transferred and initiated for the client. *(Note: the transfer of extended services is completed on the date the Stabilization phase begins.)*



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Responsible persons:

**SE Employment Specialist Signature**

**By signing below, I, the Employment Specialist, certify that:**

- The above dates, time, and services are accurate;
- I personally provided services recorded on this form and associated invoice;
- I documented the information on the form for the customer represented on this form;
- I signed the report below; and

**I maintain all staff qualifications, including ACRE Certification required for Customized Supported Employment, as described in the GVRA Provider Guidelines Manual.**

**ES Typed Name:**

**ES Signature:**

**Date:**

X