***Agency Letterhead***

***Time Limited Job Coaching Report***

**CLIENT NAME:** Click here to enter text.**\_\_\_\_\_\_\_ AUTHORIZATION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB COACH:** Click here to enter text.**\_\_\_\_\_\_\_ PHONE:** Click here to enter text.

**REPORT DATE:** Click or tap to enter a date.

**ORS COUNSELOR:** Click here to enter text.

**Dates of Participation:** Click or tap to enter a date. **Final Report Date:** Click or tap to enter a date.

**I. Prior to Job Start:**

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| **Areas Addressed** | **State specific support to be provided i.e. (task list, accommodations.)** |
| **Job Duties and Description** | Click here to enter text. |
| **Areas Addressed** | **State specific strategies to be implemented.** |
| **Environment**  **Noisy:** **Choose an item.**  **Hot:** **Choose an item.**  **Cold:** **Choose an item.**  **Indoor:** **Choose an item.**  **Outdoor:** **Choose an item.** | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Safety Procedures**  **Is individual able to follow safety procedures?** | Click here to enter text. |
| **Transportation** | Click here to enter text. |
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**II. Off Site Supports:**

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| **Areas Addressed** | **What supports are required?**  **State specific strategies to be implemented.** | |
| **Coordinate activities with other treatment providers, family, or others who will help the client keep the job** | Click here to enter text. | |
| **Meet with Client prior to work, at breaks, or after work** | Click here to enter text. | |
| **Areas Addressed** | **What supports are required?**  **State specific strategies to be implemented.** | |
| **Schedule office meetings to discuss any work-related concerns** | Click here to enter text. | |
| **Off- Site Job Supports** | Click here to enter text. | |
| |  |  |  |  | | --- | --- | --- | --- | | **Natural Supports Identified** |  |  |  | | Click here to enter text. | |
| **Transportation** | **Click here for drop down box** | Click here to enter text. |

**III. On-Site Supports:**

|  |  |
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| **Areas Addressed** | **Describe supports currently being provided, ongoing supports needed, and source of support. Be as specific as possible.** |
| **Introduction of client to employer, co-workers and layout of worksite on first day.** | Click here to enter text. |
| **Training of new job skills and tasks.** | Click here to enter text. |
| **Appropriate interactions between client and supervisors, coworkers (and the public if applicable).** | Click here to enter text. |
| **Rate of production.** | Click here to enter text. |
| **Areas Addressed** | **Describe supports currently being provided, ongoing supports needed, and source of support. Be as specific as possible.** |
| **Fit of client to work environment/work culture.** | Click here to enter text. |
| **Client’s learning style.** | Click here to enter text. |
| **Able to understand and follow safety procedures.** | Click here to enter text. |
| **Natural supports identified.** | Click here to enter text. |
| **Organization skills and job-task retention.** | Click here to enter text. |
| **Ability to handle constructive criticism, workplace conflict or frustration.** | Click here to enter text. |
| **Fading strategies.** | Click here to enter text. |
| **Additional Comments** | Click here to enter text. |

1. **Summary: Overall Statement on Job Coaching involvement. (Include all dates of services and observations/interventions.)**

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| Click here to enter text. |

**V. Recommendations to assist client in maintaining this job and meeting or exceeding employer expectations. Please include employer feedback.**

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| Click here to enter text. |
| Job Developer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ORS Counselor: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |