***Agency Letterhead***

***Time Limited Job Coaching Report***

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

**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.

**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. |

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| **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. |

1. **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. |

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| **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. |

1. **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. |

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| **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.)**

Click here to enter text.

1. **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: | |  |