

Delaware Department of Labor
DIVISION OF VOCATIONAL REHABILITATION

Job Development Progress
Job Placement Progress
Job Coaching Progress

DVR Job Placement - Progress Report
(Must Accompany DVR-7 Authorization in Order to Receive Payment)

Progress Report for:

(DVR Consumer)

(DVR Counselor)

Case Manager(s)

Provider Organization & Name of Person Completing Report:

SERVICE STATUS (DVR requires a monthly progress report for all services being provided by a community rehabilitation program):

Competitive Placement Services:

Monthly Progress

*** Job Development**

(*Resume or Employment Proposal Attached)

Placement verified via attached documentation

(within 30 days of placement)

Job Coaching

30 Days Employment

60 Days Employment

90 Days Employment (Closure)

COVID-19 Activities:

***Dates Covered:**

Employer:

Employment Start Date:

Job Title:

Address:

Supervisor's Name:

Hourly Wage:

Telephone #:

Benefits:

Hours Per Week:

Work Schedule:

Job Description/Duties

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Description/Notes - Include Job Applications Completed and Interviews

Narrative Format - Report to reflect Placement Agreement goals: Date each entry, include type of contact (phone, face to face, etc), contact attempts, identify persons and places contacted, describe events and progress made, and the plan for next steps.

Monthly reports are due within 14 days of each month of service provided.

Services - Job Placement Agreement Goals	Summary
I. JOB DEVELOPMENT PHASE - 14000	
1. Development of job-seeking skills Develop a resume or employment proposal Assist with dress and/or hygiene Develop job-interviewing skills Develop job-seeking skills Other - _____	
2. Customer-specific job development Contact employers Coordinate customer job interviews Other - _____	
3. Job Analysis Identify essential job functions Develop job training plan Other - _____	
II. JOB PLACEMENT AND RETENTION PHASES - 15000, 16000	
4. Direct intervention with employer Assist customer with interview Orient customer to the job Orient customer to work schedule Develop initial natural supports Follow-up with employer during first 90 days of employment Other - _____	
5. Direct contact with consumer is required for: employment payment point within 30 days of hire. Proof of employment (e.g. pay stub, employer letter of verification, DOL Employment Verification, bank statement of direct deposit of wages, or other acceptable verification, i.e. 1099 Statement or Equifax Verification Services.) Other - _____	

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6. Transportation coordination/training Develop transportation arrangements Other - _____	
7. Coordination of financial issues Assist with coordination of financial support services (SSA, other public/private sources) Other - _____	
III. JOB COACHING AND STABILIZATION PHASES - 8000	
8. Employment-related personal skills training Train customer on specific work behaviors to the satisfaction of the employer Work schedule time management training Workplace communication skills training Other - _____	
9. Other training needs/comments (specify) Banking and income management training Coordinate job accommodations and natural supports Research and recommend assistive technology Training in the use of public transportation Other - _____	

Rating Scale: (Check one rating for each item)

Attendance & Punctuality	Satisfactory	Unsatisfactory
Appearance	Satisfactory	Unsatisfactory
Social Interaction with Coworkers	Satisfactory	Unsatisfactory
Interaction with Supervisors	Satisfactory	Unsatisfactory
Ability to Follow Instructions	Satisfactory	Unsatisfactory

Ability to Organize Work	Satisfactory	Unsatisfactory
Complete Tasks & Assignments	Satisfactory	Unsatisfactory
Acquires Job Skills Needed to Perform	Satisfactory	Unsatisfactory
Follows Work Rules and Procedures	Satisfactory	Unsatisfactory
Overall Job Performance	Satisfactory	Unsatisfactory

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For any items of concern per the rating scale, please specify the issue and indicate how progress will be addressed through the use of assistive technology, accommodations and/or natural supports:

Total estimated hours of services provided to consumer for this reporting period: _____

Service Provider Representative Name (Print)

Service Provider Representative Signature

Date