

Termination & Re-Placement Report

Individual's Name: _____ Contractor Name: _____

Individual's Address: _____
Street Address City State Zip Code

Current Contract: CE; SE; ER; JP; JOBS; SES

Milestone/Service: _____ Vocational Goal from IPE: _____

Job Termination

SE Weekly Work Goal: _____

Employer (Business Name): _____

Individual's Job Title: _____

Start Date: _____ Termination Date: _____ Actual hours per week: _____

Length of Employment: _____ Starting Wage: _____ Hourly Wage at Termination: _____

Reason(s) for Termination (be specific *): _____

Benefits available: Full/partial health insurance Sick leave Vacation Retirement/401K

Other: _____

Date Termination Sent to DRS Counselor & TA: _____

Re-Placement in New Job

Employer (Business Name): _____

Employer's Address: _____
Street Address City State Zip Code

Employer Contact _____ Phone Number: _____
First, Last Name, Title Include Area Code

Individual's Job Title: _____ Start Date: _____

Benefits available: Full/partial health insurance Sick leave Vacation Retirement/401K

Other: _____

Starting Hourly Wage: _____ Total Hours per Week: _____ SE Weekly Work Goal: _____

Work Schedule: (Use no spaces, e.g. 8:00a-12:00p (Shift 1) 1:00p-5:00p (Shift 2))

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1							
2							

Brief Description of Job Duties:

Client Needs:

DRS Counselor: _____ ESS TA: _____

EC Name: _____ Date: _____

Job Analysis (1)

Individual's Name: _____ Date of Analysis: _____

Employer (Business Name): _____

Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone: _____
First and Last Name

Position Analyzed: _____ Job Analysis performed by: _____

Basic job description:

Major work duties:

Occasional work duties (identified by employer):

Rate of pay and benefits:

Worker Demands at the Work Site:

Physical		Sensory	Academic
<input type="checkbox"/> Lifting (max lbs.)= _____	<input type="checkbox"/> Stooping	<input type="checkbox"/> Vision	<input type="checkbox"/> Reading
<input type="checkbox"/> Carrying	<input type="checkbox"/> Climbing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Writing
<input type="checkbox"/> Standing	<input type="checkbox"/> Balancing	<input type="checkbox"/> Speaking	<input type="checkbox"/> Math
<input type="checkbox"/> Continuous Movement	<input type="checkbox"/> Reaching	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Rapid Movement	<input type="checkbox"/> Walking		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		

Production Standards:

Employer's expectations/standards for work quality: _____

Employer's expectations/standards for work speed: _____

Work Site Considerations:

Pace of work: _____

Job Analysis (1)

Potential hazards on job (chemicals, odors, dangerous equipment, etc.):

Length of probationary period for the job: _____

Safety Equipment, special clothing or uniforms: _____

Tools and equipment to be operated: _____

Materials and products to be handled: _____

Location of employee parking area: _____

Employee interaction: _____

Use of teamwork vs. independent task performance: _____

Company social or recreational activities that the individual could be involved in:

Work Site Environment:

Descriptions	Yes	Somewhat	No
Employees are friendly to non-employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees appear happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is orderly and neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is easy to get around in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site temperature is comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is crowded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is well-lighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site is noisy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building entrance is wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch/break area is wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers are present in lunch/break room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom faucets, doors, etc. are easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom doors are wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Potential for adaptations/modifications to work site:

Job Analysis (1)

Essential Skill Areas:

Rating Codes:

E = Essential – an Essential skill needed in this job which **MUST** be performed or accommodated for successful training. Accommodations **MUST** be identified in the Natural Supports Training Plan for all Essential skills needing accommodation.

D = Desirable – not Essential to the job but Desirable. The employer will not refuse to hire someone who cannot perform this task with or without an accommodation, however, discrepancies in this area **MAY** require some accommodation for job retention.

M = Minimally Important – not relevant to this job or these skills are not needed in this job. Lack of these skills will not directly threaten job placement or retention and, therefore, require no accommodation planning.

Skill Area	Description of Skill Cluster	Rating (E, D, or M)	Notes
Social Skills	Comfort and interest in others, expressing feelings appropriately, getting along with others		
Cooperativeness	Listening, clarifying then following instructions, accepting criticism		
Work Habits	Timeliness, starting and finishing tasks on time, taking breaks		
Work Quality	Speed and quality, recognizing mistakes, need to self-prompt		
Personal Presentation	Hygiene, dress, basic conversation skills		
Task Demands	Physical demands, stamina/mental capacity, attention to detail, adaptation to change		

Work Schedule: (Ex. 10:15a-11:45p)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EC Name: _____

Date: _____

Job Accommodation Form

Individual's Name: _____

Employer (Business name): _____

List all Accommodation(s) and Result(s). Explain whether the Accommodation(s) worked or if changes were required.

The Job Accommodation Network (JAN) provides free, confidential technical assistance about job accommodations. Visit them online at <https://askjan.org/links/about.htm>. Or visit the Americans with Disabilities Act website at <https://www.ada.gov/> for further guidance.

Accommodation 1 / Implementation Results:

Accommodation 2 / Implementation Results:

Accommodation 3 / Implementation Results:

Accommodation 4 / Implementation Results:

EC Name: _____

Date: _____

Natural Supports Plan

Complete after 2-3 weeks of job site training, but before the end of the R4 milestone. Update form as needed when changes occur, and submit with respective milestone documentation for payment.

Employee: _____ Phone: _____

Co-worker providing ongoing support: _____ Job Title: _____
First and Last Name

Location of co-worker in relation to individual: _____

Other co-workers available for support: _____

Describe how the EC will support the co-worker and the new employee during the transition to on-going/natural supports by the coworker (i.e., weekly meetings after work, regular phone contact, etc.):

List the daily activities and work routines similar to those of co-workers:

List natural employment supports the employer or co-worker(s) will provide (i.e., restructuring duties, job duty checklist, etc.):

List strategies and timeframes for fading/reducing direct EC involvement in training and support:

Select “**Yes**” or “**No**” in response to each statement below:

- Yes No The individual has verbalized his/her approval for the EC to contact the employer about the individual’s job performance. (**Individual's Initials** _____)
- Yes No The individual has verbalized agreement with the Natural Supports Plan outlined above. (**Individual's Initials** _____)
- Yes No The individual’s employer has verbalized his/her agreement with the Natural Supports Plan outlined above. (**Employer's Initials** _____)

EC Name: _____ Date: _____

Natural Supports Plan Notes

What is Supported Employment

Supported Employment is a program that assists individuals with disabilities to obtain employment and assists employers to obtain qualified employees. The purpose is for the supported employee to become independent through natural supports in the work environment and work relationships. Natural Supports are job retention supports that occur on the job in the most normal/natural way, such as a mentor/co-worker(s) being assigned to assist the supported employee if they observe a problem. Natural supports include mentoring, supervision (ongoing feedback on job performance), training (learning a new job skill with a co-worker), and socializing with co-workers at breaks or after work.

Benefits to the Employer

The employer benefits by retaining a committed, dependable, qualified employee, assisted by a mentor/co-worker(s) that can identify problems early and seek or provide the necessary job retention supports. Consultation services will be provided to the employer by the employment consultant listed below, in all phases of the job, as long as the employee remains on the job. Services include assistance with training and supervising the supported employee. Follow-up services are provided to assist with any issues that need attention such as poor performance, change in supervisor or job duties.

Employer agrees to assign a mentor/co-worker(s) to provide job retention support. The mentor/co-worker will help the supported employee work through problems that may affect their job performance or job retention. The employer agrees to contact the employment consultant to assist with problem solving when issues cannot be easily resolved by the mentor/co-worker and supervisor, particularly when new job duties are assigned.

Responsibilities of the Contractor

Employment Contractor agrees to provide support to the mentor/co-worker(s), employer, and employee as needed. The employment contractor agrees on a regular set amount of time when contact will be made and how soon to respond to requests for consultation with employer.

The EC has verified with the employee, mentor/co-worker(s) and employer that they will implement the above Natural Supports as set forth on **ESS-C-229 Natural Support Plan**.

The EC provided the employee, mentor/co-worker(s) and employer with a copy of the **ESS-C-229 Natural Support Plan**.

Benefits to the Employee

The mentor/co-worker(s) and the employment consultant assist the supported employee in becoming a valued employee by facilitating support and social connections on and away from work.