

# Job Development & Placement Report

Individual's Name: \_\_\_\_\_ Contractor: \_\_\_\_\_

DRS Counselor Name: \_\_\_\_\_ Contract name: \_\_\_\_\_

Vocational Goal on IPE: \_\_\_\_\_

Employer (Business name): \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Employer Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*First and Last Name Include area code*

Individual's Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_  
*Rate, Type (hourly, weekly, monthly, annual or estimated commission)*

Work Schedule: \_\_\_\_\_ Weekly Work Goal on IPE: \_\_\_\_\_

Sample	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00a – 10:00a							
4:00p – 8:00p							

Dates of first five (5) days of employment: \_\_\_\_\_

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

Other: \_\_\_\_\_

Description of individual's job duties:

Summarize individual's response to job duties, environment, work schedule etc. and EC's observations:

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Select "YES", "NO", or "N/A" in response to each statement below:

Yes    No      The **ESS-C-157**—*Pre-Placement Information Form* was emailed to the DRS Counselor and ESS TA **prior** to or on the start date.

Yes    No    N/A      The **ESS-C-185**—*Job Accommodation Form* was completed.

Employment Consultant Name: \_\_\_\_\_ Date: \_\_\_\_\_