

Onsite Supports and Training Report

Individual's Name: _____

Contractor Name: _____ Month of Service: _____

DRS Counselor Name: _____ EC Name: _____

Begin Date of Service: _____ End Date of Service: _____

Describe any new job accommodation(s) that have been implemented and whether they worked, or whether a change was required.

Describe the training and supports provided to assist the individual with maintaining employment?

Select **“YES”** or **“NO”** in response to the statement(s) below, or leave blank if not applicable:

YES **NO** Was the **ESS-C-185—Job Accommodation Form** updated, and saved in the case file?

YES **NO** The individual is working at sixty percent (60%) of their weekly work goal as identified on the IPE, and on-site supports are no more than twenty-five percent (25%) of their total work hours per month.

At the completion of the Onsite Supports and Training service, complete the employer information below.

Please provide information as communicated by the employer regarding the individual's current job performance. Describe steps taken to address any issues identified by the employer that may affect long-term job success.