

E&R Assessment Milestone Forms List

Required Case Documentation for Payment of [ER AS Milestone](#):

- ® ESS-C-117** *Travel Log and Invoice* (when travel is authorized, see D. Milestone Rates)
- ® ESS-C-133** *DRS Counselor Monthly Update Form(s)* (required only when ER_AS Milestone lasts more than one (1) month from date of referral, email the form each month to DRS Counselor; submit separately from milestone documentation)
- ® ESS-C-139** *Situational Assessment Report*
- ® ESS-C-161** *Job Analysis*
- ® ESS-C-274** *ER Authorization Request & Milestone Billing Form* (submit to DRS Counselor once the intake appointment is scheduled)
- ® ESS-C-278** *Plan for Assessment* ([replaces ESS-C-277](#)) (will include one required situational assessment and a minimum of one other assessment from the list) (emailed to DRS Counselor prior to beginning assessments)
- ® ESS-C-278n** DRS Counselor **response** to **ESS-C-278** *Plan for Assessment* (if received, DRS Counselor has 5 business days to reply to emailed **ESS-C-278** *Plan for Assessment*)
- ® ESS-C-285n** Electronic Résumé (email to DRS Counselor)
- ® ESS-C-289n** Job Description (when in-house Situational Assessment is completed)
- ® ESS-C-297** *Compatibility Analysis*
- ® ESS-C-305n** Customized Assessment(s) (when completed as one of the two required assessments)
- ® ESS-C-310** *Assessment Milestone Report* (counts as DRS Monthly Update or final monthly update for ER AS Milestone when milestone extends beyond one month)
- ® ESS-C-329** *Comprehensive Vocational Profile* (when completed as one of the two required assessments)

Legend: [®](#) = [Required](#) [®](#) = required, if applicable

Plan for Assessment

Individual's Name: _____ Date: _____

Vocational Goal from IPE: _____

DRS Counselor: _____ Contract: ER; SE

Assessment Goals:

For ER: The purpose of the Plan for Assessment is to use the individual's *Individualized Plan for Employment* (IPE) Vocational Goal to identify at least **two (2) assessments** to be used to verify or modify the vocational goal on the Individualized Plan for Employment (IPE). The assessments may also identify the support(s) the individual will need to be successful in employment.

For SE: Two (2) situational assessments are required, the first of which should be consistent with the Vocational Goal on the individual's IPE.

The Contractor will indicate with a check mark beside each assessment being recommended. Email the Plan for Assessment to the DRS Counselor for approval prior to performing the assessments.

ASSESSMENTS BEING RECOMMENDED

The Contractor plans to conduct the following assessments *Check those that apply:*

- Comprehensive Vocational Profile
- A Customized Assessment approved by the DRS Counselor to include: _____

Situational Assessment(s) will be completed in an integrated employment setting lasting at least two (2) hours each. (**For SE:** first must be related to vocational goal.) (If an in-house situational assessment is used, the job must exist in the work setting and the job description must be submitted.)

Situational Assessment Sites	Job Title/Tasks	Who is the EC Responsible?	Connection to the Vocational Goal Justify, if different	Time Frame(Hrs) (Minimum 2)
<input type="checkbox"/> *				
<input type="checkbox"/> *				
<input type="checkbox"/> *				

* Check if an **in-house** situational assessment is performed to verify/modify the employment goal and identify supports that the individual may need; **must submit a job description**

Emailed the **ESS-C-278—Plan for Assessment** to the DRS Counselor for approval prior to performing the assessments.

EC Name: _____ Submitted Date: _____

The DRS Counselor will email the Contractor within five (5) days to approve or modify the Contractor's Plan for Assessment. **If the DRS Counselor does not respond to the Plan for Assessment within five (5) working days, the Contractor will complete the assessments as planned, unless SE and the first job title directly is NOT connected with vocational goal on individual's IPE.**

DRS Counselor comments:

DRS Counselor Approval: _____ Approved 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: _____

Situational Assessment Report

Individual's Name: _____

Employer A: _____ Job Title: _____

Job Duties:

Hours spent on site with individual: _____ Date: _____

(A minimum of two (2) situational assessments, at least two (2) hours each, will be completed in two (2) different integrated work settings).

Please summarize the results and observations including job performance, communication skills, response to supervision and instruction, level of assistance/support and worksite accommodations, etc.

Employer B: _____ Job Title: _____

Job Duties:

Hours spent on site with individual: _____ Date: _____

(A minimum of two (2) situational assessments, at least two (2) hours each, will be completed in two (2) different integrated work settings).

Please summarize the results and observations including job performance, communication skills, response to supervision and instruction, level of assistance/support and worksite accommodations, etc.

Situational Assessment Report

Individual's Name: _____

Date: _____

Job Title A: _____

EC: _____

Step One: Please rate individual's work behavior on the following items using the 1-5 rating system below. Rating should be completed following a period of direct work observation. Performance in a given area should be rated by competitive, integrated employment standards.

- 1 = Consistently an area needing support
- 2 = Occasionally an area needing support
- 3 = Behavior adequate in this area
- 4 = Occasionally superior performance
- 5 = Consistently superior performance

Step Two: Indicate for each skill area if it should be considered Essential, Desirable or Minimally Important to successful performance on this job.

- E = Essential
- D = Desirable
- M = Minimally Important Skill / Not Important

A: Social Skills

Select one: **E** **D** **M**

- _____ Seems comfortable when approached by co-workers
- _____ Appears to be interested in others
- _____ Does not appear overly distant or aloof
- _____ Expresses positive feelings in an appropriate manner
- _____ Expresses likes & dislikes in an appropriate manner
- _____ **Total divided by 5 = _____**

B: Cooperativeness

Select one: **E** **D** **M**

- _____ Works comfortably in presence of co-workers
- _____ Listens attentively to directions
- _____ Accepts constructive criticism without becoming upset
- _____ Follows instructions without resistance
- _____ Asks for further instructions if task is not clear
- _____ **Total divided by 5 = _____**

C: Work Habits

Select one: **E** **D** **M**

- _____ Begins work tasks promptly
- _____ Comes on time for work
- _____ Takes breaks only when scheduled
- _____ Individual tasks are done within given time frame
- _____ Maintains pace once work is started
- _____ **Total divided by 5 = _____**

D: Work Quality

Select one: **E** **D** **M**

- _____ Learns how to do a task within a given time frame
- _____ Work is done accurately
- _____ Work is done efficiently (speed & quantity)
- _____ Looks for & recognizes own mistakes
- _____ Doesn't need frequent prompting
- _____ Corrects own mistakes
- _____ **Total divided by 6 = _____**

E: Personal Presentation

Select one: **E** **D** **M**

- _____ Does not become overexcited/aggressive
- _____ Does not seem to tire easily
- _____ Refrains from inappropriate comments or behaviors
- _____ Comes to work with appropriate clothing & hygiene
- _____ Seems alert & aware on the job
- _____ **Total divided by 5 = _____**

F: Task Demands

Select one: **E** **D** **M**

- _____ Meets demands for sitting/standing/walking/seeing/lifting/etc.
- _____ Demonstrates stamina &/or mental capacity to maintain alertness & productivity
- _____ Improves performance when shown
- _____ Pays attention to detail while working
- _____ Performs satisfactorily in tasks requiring variety/change
- _____ **Total divided by 5 = _____**

Situational Assessment Report

Individual's Name: _____

Date: _____

Job Title B: _____

EC: _____

Step One: Please rate individual's work behavior on the following items using the 1-5 rating system below. Rating should be completed following a period of direct work observation. Performance in a given area should be rated by competitive, integrated employment standards.

- 1 = Consistently an area needing support
- 2 = Occasionally an area needing support
- 3 = Behavior adequate in this area
- 4 = Occasionally superior performance
- 5 = Consistently superior performance

Step Two: Indicate for each skill area if it should be considered Essential, Desirable or Minimally Important to successful performance on this job.

- E = Essential
- D = Desirable
- M = Minimally Important Skill / Not Important

A: Social Skills

Select one: **E** **D** **M**

- _____ Seems comfortable when approached by co-workers
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- _____ Does not appear overly distant or aloof
- _____ Expresses positive feelings in an appropriate manner
- _____ Expresses likes & dislikes in an appropriate manner
- _____ **Total divided by 5 = _____**

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- _____ Maintains pace once work is started
- _____ **Total divided by 5 = _____**

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- _____ Work is done efficiently (speed & quantity)
- _____ Looks for & recognizes own mistakes
- _____ Doesn't need frequent prompting
- _____ Corrects own mistakes
- _____ **Total divided by 6 = _____**

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- _____ Comes to work with appropriate clothing & hygiene
- _____ Seems alert & aware on the job
- _____ **Total divided by 5 = _____**

F: Task Demands

Select one: **E** **D** **M**

- _____ Meets demands for sitting/standing/walking/seeing/lifting/etc.
- _____ Demonstrates stamina &/or mental capacity to maintain alertness & productivity
- _____ Improves performance when shown
- _____ Pays attention to detail while working
- _____ Performs satisfactorily in tasks requiring variety/change
- _____ **Total divided by 5 = _____**

Compatibility Analysis

Individual's Name: _____

Vocational Goal From IPE: _____

The Compatibility Analysis is used to analyze an individual's employment strengths in relation to the requirements of specific jobs. It will assist in the identification of a good job fit and identify potential work accommodations to increase employment success.

Situational Assessment Sites

Job	Job Title	Company Name
#1		
#2		

Sort the performance rating for the Situational Assessment for each job into the (3) groupings below: (See ESS-C-139--Situational Assessment Report (Rev 07-15-2021))

List Assets- areas from the chart where average score is 3 or higher and the skill cluster is rated on Situational Assessment rating as "E" – Essential or "D" – Desirable.

List Unused Strengths- areas from the chart where the average score is 3 or higher and the Situational Assessment rating is "M" – Minimally important.

List discrepancies- areas from the chart where the average score is less than 3 and Situational Assessment rating is "E" – Essential.

Potential Job Title #1: _____

Assets (3+ E or D)	Unused Strengths (3+M)	Compatibility (less than 3+E)

Potential Job Title #2: _____

Assets (3+ E or D)	Unused Strengths (3+M)	Compatibility (less than 3+E)

Compatibility: Define the assets, potential problem areas and possible accommodations for each job.

Compatibility Discrepancy	Physical Accommodation	Social Accommodation

Compatibility Analysis

After reviewing the information with the individual, the informed job choice is: _____

Individual's Approval

Date of Approval

EC's Approval

Date of Approval

Assessment Milestone Report

Individual's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Contract: ER JP SE

List last three jobs:

Employer	Job Title	Start Date	End Date	Wage	Reason for leaving

List three educational institutions and/or training programs:

Name of School	City, State	Years	Degree/Diploma/Certificate

IPE Vocational Goal: _____ Weekly Work Goal (hours/week): _____

Individual's career interest expressed during assessment:

Prospective Employer	Job(s) identified with employer

Summary of job skills as identified in the assessment process (Examples include: soft skills, customer service skills, typing skills (minimum 35 WPM), cashier skills, welding skills, etc.):

Supports needed: list all – job search training, digital/electronic resume writing and/or video résumé, interview skills, transportation, housing, childcare, money management, life skills management, clothing, shoes, etc.

Individual's comments regarding expectations of work:

Summary EC observations/comments from assessment milestone:

For ER & JP only, submit Electronic Résumé with other required milestone documentation.

EC Name: _____ Date: _____

Employment and Retention (ER) Authorization Request & Milestone Billing Form

Individual's Name: _____ Contractor Name: _____
EC: _____ DRS Counselor: _____
Authorization Number: _____ Authorization Date: _____
Milestone Begin Date: _____ Milestone Completion Date: _____
Invoice Date: _____ Invoice Number: _____
Employment Begin Date: _____

Milestone Billing

Please select the milestone for which you are **billing**: (maximum of one)

Milestone

Assessment (AS) Milestone	\$ 413
Vocational Preparation (VP) Milestone (Optional)	\$ 413
Placement (PL) Milestone	\$ 413
Four Weeks Job Retention (R4) Milestone	\$1,238
Successful Employment (EM) Milestone	\$1,650

FOR DRS USE ONLY Paid Date: _____ by _____

Authorization Request

Please select the milestone(s) (maximum of two at a time) requested for pre-authorization.

Milestone

Assessment (AS) Milestone (Planned Date: _____)	\$ 413
Vocational Preparation (VP) Milestone (Optional)	\$ 413
Placement (PL) Milestone (Request next planned milestone along with PL request)	\$ 413
Four Weeks Job Retention (R4) Milestone (Requested with PL, if planned)	\$1,238
Successful Employment (EM) Milestone (Requested with PL, if R4 NOT planned)	\$1,650

FOR DRS USE ONLY Authorization Number: _____ Date Issued: _____

EC Name: _____ Date: _____