# SUPPORTED EMPLOYMENT MONTHLY JOB COACH REPORT template (11.18.22)

**This form template is optional to use.** Community Rehabilitation Programs (CRPs) providing Job Coaching Services to DOR Supported Employment Consumers may use this form template for invoicing/reporting or may create their own invoice form if the same information/data is covered. Please contact your Local Resource Specialist if you would prefer an unrestricted/unlocked template to customize for your agency.

## Consumer and Service Information

Employer/Site Name:

Employer/Site Address:

Consumer Name:

Report Month/Year:

Unique Client Identifier # (UCI #):

Consumer Birthdate:

DOR QRP Name:

DOR District:

CRP Agency Name :

Job Coach Name:

Job Coach Phone:

Consumer Job Title :

Consumer Wage:  per

Consumer Start Date:   Employed for 90 days

## Retention

This is the third Monthly Job Coach Report. The Consumer has met Retention criteria per [RAM 3162.2, 9 CCR § 7028.1 (b)]

## Consumer Work Schedule (indicate work hours; example: 9am-2pm):

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Total hours consumer worked:

## Job Coaching Hours Summary

Please enter the total hours calculated from the Job Coach Intervention Details Section below. Hours are entered in quarter hour increments.

On-site Coaching Hours:

Off-site Coaching Hours:

**Total hours coached:** excludes Job Coach Travel hours: **0.00**

**Percent of Intervention (POI):**

(Percent of Intervention equals the total hours coached this month divided by the total hours the consumer worked this month multiplied by 100. The field above will automatically calculate when the consumer’s total hours worked and on/off-site coaching hours are entered above.)

**Job Coach Travel (JCT) hours:**

**Total hours billed:** (includes Job Coach Travel, cannot exceed hours authorized): **0.00**

**Total hours authorized:**

Date services authorized through:

## Consumer Performance and Other Issues Summary

Check the boxes for any areas of unsatisfactory performance and note other issues below:

### Work Habits

Attendance/Punctuality  Following Procedures  Cooperation

Taking Initiative  Grooming/Hygiene

### Work Performance

Understanding of Job Tasks  Accuracy/Quality  Work Pace

Focus/Concentration  Passing Probation

### Interpersonal Skills:

Supervisor  Co-workers  Customer/Public  Job Coach

Note: Areas checked must be addressed in the Proposed Plan to Improve Performance section which follows the Job Coach Intervention section.

## Plan to Improve Performance and / or Termination

Please complete Plan to Improve Performance at the end of the document for all areas checked above for unsatisfactory performance.

Plan to Improve Performance completed.

See other issues below.

**Other issues** related to job performance/termination:

Consumer comments/view of progress:

Termination Date (if applicable):

## Job Coach Intervention

Complete the following table with type of Job Coaching activities and hours spent doing the activity. The following types of Job CoachIntervention must be specifically authorized per RAM 31510.

**Off-site Coaching/Virtual**: Job supportservices provided virtually (V) as Training (T), Advocacy (A) or Job Loss Intervention(JLI). Fill in “Description of Specific Off-Site Coaching Activities” below with abbreviation and details*.*

**Job Coach Travel** (JCT): Travel time to the consumer's worksite, one way only - note total.

| **Date of Month** | **Consumer Work Hours** | **On-site Job Coach Hours** | **Off-Site Job Coach Hours** | **Description of Specific  Off-Site Coaching Activities** | **JCT Hours** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |

Total Consumer Work Hours:

Total On-site Job Coach Hours:

Total Off-site Job Coach Hours:

Total Job Coach Travel Hours:

## CRP Staff Contact Information

CRP Staff Name of person completing form:

CRP Staff Direct Phone:

# 

# PROPOSED PLAN TO IMPROVE PERFORMANCE (PPIP)

## PPIP Performance Areas

Check the performance areas below that were indicated as unsatisfactory.

For each area checked to indicate unsatisfactory performance, address the interventions proposed to improve performance including timeframes and recommendations for other services as required.

### Work Habits

**Attendance / Punctuality** (Interventions & Timeframes):

**Following Procedures** (Interventions & Timeframes):

**Cooperation** (Interventions & Timeframes):

**Taking Initiative** (Interventions & Timeframes):

**Grooming / Hygiene** (Interventions & Timeframes):

### Work Performance

**Understanding of Job Tasks** (Interventions & Timeframes):

**Accuracy / Quality** (Interventions & Timeframes):

**Work Pace** (Interventions & Timeframes):

**Focus / Concentration** (Interventions & Timeframes):

**Passing Probation** (Interventions & Timeframes including Probation Date:

### Interpersonal Skills

**Supervisor** (Interventions & Timeframes):

**Co-workers** (Interventions & Timeframes):

**Customer / Public** (Interventions & Timeframes):

**Job Coach** (Interventions & Timeframes):

## Distribution:

DOR QRP

DOR District Office (with Invoice)

Regional Center Service Coordinator  
(via email when percentage of intervention is 30% or less)

**NOTICE:** This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.