

**SUPPORTED EMPLOYMENT - MONTHLY JOB COACH REPORT**

DR384 (Rev. 02/08)

Consumer:		Report Month/Year:	
Employer/Site Name & Address:		UCI#:	Birthdate:
		DOR Counselor:	
		SE Service Provider:	
Job Coach:		DOR District:	
Job Title:		Job Coach Phone:	
Individual Group		Wage: per	
		Start Date: Employed for 90 days	

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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<b>Total hours consumer worked</b>						
On-site Coaching						
Off-site Coaching (Individual Placement (IP) only)						
<b>Total hours coached</b> (excludes Job Coach Travel and Lunch Break Support)						
<b>Percent of Intervention (POI)</b> (IP only) (Divide total hours coached this month by the total hours consumer worked this month and multiply by 100.)						%
<b>Job Coach Travel (JCT) hours</b> (IP only)						
<b>Lunch Break Support (LBS) hours</b> (Group only)						
<b>Total hours billed</b> (includes JCT and LBS, cannot exceed hours authorized)						
<b>Total hours authorized</b>						
Date services authorized through						

**Check 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

**Areas checked must be addressed in a proposed plan to improve performance**

See attached DR384A Plan to Improve Performance.

See other issues below.

**Other issues** related to job performance/termination: (attach additional sheets, as needed)

Consumer comments/view of progress: (attach additional sheets, as needed)

Termination Date:	Form Completed By:	Phone:
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**DOR Use Only:** Account Tech Initials \_\_\_\_\_ Invoice Processed Date: \_\_\_\_\_

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

**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.

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**Key: TYPES OF JOB COACH INTERVENTION - Must be specifically authorized. See RAM31510.**

**Off-site Coaching:** For Individual Placement (IP) only, job support services provided as Training (T), Advocacy (A) or Job Loss Intervention (JLI). (Fill in "Description of Specific Off-Site Coaching Activities" below with abbreviation (T, A, or JLI) and details (e.g. "T - social skills"))

**Job Coach Travel (JCT):** For IP only, travel time to the consumer's worksite (one way only, note total on page 1).

**Lunch Break Support (LBS):** For consumers in Group Placement (GP) only, assistance with health/safety or developing natural supports (e.g. coworker relationships) (note total on page 1).

Date	Consumer Work Hours	Job Coaching Hours		Description of Specific Off-Site Coaching Activities (IP Only)	JCT Hours (IP Only)	LBS Hours (GP Only)
		On Site	Off Site (IP)			
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						
<b>Total</b>						

Distribution: DOR Counselor (via email or fax, see DR381) DOR District Office (with Invoice)  
 Regional Center Service Coordinator (via email / fax when percentage of intervention is 30% or less)