# Time-Unlimited Support Report

Name of Employee:       Employment Start Date:

Name of Employer:       Job Title:

Business Address:       Business Phone #:

Business Contact:       Supervisor:

What methods were given to the employer on how to contact the job coach?

What training or strategies were provided to the supervisor/mentor in order for them to support and direct the client?

*Work Schedule:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Split Shifts |
|       |       |       |       |       |       |       | [ ]  |

|  |  |  |
| --- | --- | --- |
| **Job Skills (Examples: active learning, self-monitoring, communication, listening, social interaction)** | **Rating****(NI, A, M)** |  |
| Can employee identify any natural supports in the workplace? **Please list who they can identify and who the Job Developer/Coach feel the natural supports are.** |  |  |
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*NI – Needs Improvement, A – Acceptable, M - Mastered*

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| --- | --- | --- |
| **Sequence of Tasks** | **Rating****(NI, A, M)** | **Date/Comments** |
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*NI – Needs Improvement, A – Acceptable, M – Mastered*

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Staff Signature Date