

# Progress Report for Employment Services

Individual:  Span Start Date:  Date Completed:   
ADA Provider:  Person Completing Report:

## ADA Service(s) Received:

- Vocational Habilitation
- Career Planning
- Group Employment Support
- Individual Employment Support
- Other:

## Current Path to Employment:

(Copy from the My Plan Assessment)

- 1. I have a job but would like a better one or to move up.
- 2. I want a job, I need help finding one
- 3. I'm not sure about work. I need help to learn more.
- 4. I don't think I want to work, but I may not know enough about it.

## Employment Outcome(s) & Action Step(s)

(Copy employment related outcome(s) and action step(s) from the current My Plan)

## Services & Support Provided

(Detail services & supports provided over the past 12 months to meet outcome and action steps)

## Progress toward Employment Outcome(s)

(Detail tangible progress made toward reaching desired employment outcome(s))

## Time Frame for Meeting Desired Outcome(s)

(Estimate a time frame for meeting desired outcome(s))

- No progress has been made. The team will identify barriers to achieving desired outcomes and the action steps needed to overcome the identified barriers. The SSA will be contacted to request a revision.

## Additional Information- Complete for Vocational Habilitation Only

Annual Wage Earnings:  from date:  to date:

Average Hours Making Money:   Per Week  Per Month  Per Year

## Progress Report Distribution to Team Members:

Name:  Relationship:  Date:

Name:  Relationship:  Date:

Name:  Relationship:  Date:

Name:  Relationship:  Date: