

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.

Progress Report Distribution to Team Members:

Name: <input type="text"/>	Relationship: <input type="text"/>	Date: <input type="text"/>
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