

**PREVOCATIONAL SERVICES SIX-MONTH PROGRESS REPORT AND PREVOCATIONAL PLAN**

**Family Care (FC), Family Care Partnership, and IRIS (Include, Respect, I Self-Direct)**

**SECTION ONE**

To be completed by the individual's authorized prevocational services provider in coordination with the person, the legal decision-maker, as relevant, and the person's team.

The purpose of prevocational services is to support an individual in learning skills for competitive, integrated employment over a defined period. The six-month report documents the individual's progress towards competitive integrated employment and illustrates whether reauthorization of continued prevocational services is appropriate or if other services are needed that would better meet the individual's desired outcomes and needs.

**Due Date:** The following report/plan must be completed at minimum every six months.

Prevocational services are intended to address barriers to obtaining competitive integrated employment<sup>1</sup>. This tool addresses the *"who, what, where, when, and how"* of the individual's prevocational services so that they match the individual's competitive integrated employment goals.

Name of Individual		
Name of Individual's Managed Care Organization or IRIS Consulting Agency		Name of Individual's Care Manager or IRIS Consultant
Name of Prevocational Service Provider		Name of Person Completing Form
Phone Number—Person completing form	Email Address—Person completing form	Date Form Completed

<sup>1</sup>Competitive integrated employment is defined as work performed on a full-time or part-time basis; compensated not less than the applicable state or local minimum wage law (or customary wage), if is self-employed, yields income comparable to person without disabilities doing similar task; the worker should be eligible for level of benefits provided to other employees; the work should be at a location typically found in the community; where the employee with a disability interacts with other person who do not have disabilities and are not in a supervisory role; and the job presents opportunities for advancement.

**PART ONE—INTEREST AND PARTICIPATION IN COMPETITIVE INTEGRATED EMPLOYMENT**

Is the individual currently employed in competitive integrated employment? This does **not include participation in a work crew, enclave or volunteering.**

Yes     No

If yes, briefly describe the individual’s competitive employment experience(s):

If no, does the individual or legal decision-maker have concerns about being employed in competitive Integrated employment?

**If the individual or legal decision-maker has concerns, then SECTION TWO must be completed.**

Briefly describe the individual’s competitive employment experience(s):

What is the individual’s competitive integrated employment goal?

<p>A. Describe the type(s) of competitive integrated employment that interests the individual. Examples: I want to work with animals; I want to work in a restaurant; I want to work with computers. <b>Not:</b> I want to increase prevocational services productivity.</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p>Check if further discovery is needed.</p>
<p>B. Hours/schedule of work the individual wishes to have on a daily or weekly basis. Examples: I want to work about four hours a day; I want to work at least 15 hours a week; I want to work in the mornings; I want to work Wednesday through Friday.</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p>Check if further discovery is needed.</p>
<p>C. Geographic preferences regarding where the individual works. Examples: I want to work as close to my home as possible; I want to work somewhere in the city where I live; I want to work somewhere on the bus route. Include ideas on how the individual will get to and from work.</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p>Check if further discovery is needed.</p>

**PART TWO—SUMMARY OF THE PAST SIX-MONTHS PREVOCATIONAL SERVICE ACTIVITY**

Over the previous six months, prevocational services for this individual have been **primarily delivered** in:

The community (e.g., volunteering, exploring employers, using community resources, participating in job related classes in the community, also known as community-based prevocational services).

The service provider’s facility (also known as facility-based prevocational services). **Additional Details:**

**PART THREE—DIVISION OF VOCATIONAL REHABILITATION INVOLVEMENT**

Has the individual been referred to DVR?     Yes     No

If yes, describe where the individual is in the DVR process.

If no, what steps are needed before a referral to DVR can be made?

**PART FOUR—DESCRIBE THE JOB SKILLS THE INDIVIDUAL IS DEVELOPING AND WAYS IN WHICH THEY COULD WORK ON THESE SKILLS IN A COMMUNITY-INTEGRATED SETTING.**

**INSTRUCTIONS:** Check and describe at least one of the assistance the individual is receiving to develop general employment skills to enhance employability in competitive integrated employment or to help sustain competitive integrated employment. Describe learning experiences provided.

General strengths and skills	Describe learning and work experiences provided to develop and/or maintain the general skills.	How could the individual work on this skill in a Community-Integrated Setting?
<input type="checkbox"/> Communication with Supervisors and Coworkers		
<input type="checkbox"/> Attending to Tasks		
<input type="checkbox"/> Following Directions		
<input type="checkbox"/> Following Workplace Expectations		
<input type="checkbox"/> Being Safe at Work		
<input type="checkbox"/> Problem Solving Skills and Strategies		
<input type="checkbox"/> Getting to and from Work		
<input type="checkbox"/> General Mobility Skill Building		
<input type="checkbox"/> Other—Specify:		
<input type="checkbox"/> Other—Specify:		
<input type="checkbox"/> Other—Specify:		
<input type="checkbox"/> Other—Specify:		

If the above efforts have continued for six months or more, then describe new approaches or efforts that will promote the individual's progress to achieve these skills if an additional six months of prevocational services are approved.

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**PART FIVE—SIGNATURES**

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\_\_\_\_\_  
SIGNATURE—Individual Receiving Prevocational Services

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
SIGNATURE—Prevocational Staff Completing Form

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
SIGNATURE—Legal Decision-Maker (if appointed)

\_\_\_\_\_  
Date Signed

Check here if you were unable to obtain a response / signature from the legal decision-maker.

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**STOP HERE: SEND REPORT TO CARE MANAGER OR IRIS CONSULTANT**

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Check here if SECTION TWO was completed and attach to this section.

Check here if additional reports related to this service are attached

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**SECTION TWO**

To be completed by the individual’s authorized prevocational services provider in coordination with the person, the legal decision-maker, as relevant, and the person’s team.

**PART ONE—EMPLOYMENT INDIVIDUAL’S CONCERNS REGARDING PARTICIPATION IN COMPETITIVE INTEGRATED EMPLOYMENT<sup>1</sup>**

**INSTRUCTIONS:** Consider the reasons for an individual’s lack of interest, hesitation, or reluctance to pursue at least part-time competitive integrated employment. Complete the table below. Check the reasons that apply to this individual; then complete the column to the right of each reason checked following the instructions at the top of the column.

List the reason for the individual’s lack of interest or reluctance regarding competitive integrated employment.	Describe how the provider addressed this concern and the outcome of the efforts in the past six months.
<input type="checkbox"/> Concern about losing benefits.	
<input type="checkbox"/> Lack of knowledge of integrated employment options that are available.	
<input type="checkbox"/> Lack of opportunity to hear from and ask questions of peers working in competitive integrated employment.	
<input type="checkbox"/> Comfortable with current situation; reluctant to make a change.	
<input type="checkbox"/> Concerned about transportation options.	
<input type="checkbox"/> Concern about not being able to see and keep in touch with friends; feeling isolated.	
<input type="checkbox"/> Concern about the individual being treated poorly by co-workers in community workplace.	

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<input type="checkbox"/> Reluctance to apply to DVR for work services.	
<input type="checkbox"/> Other—Specify:	

**PART TWO—LEGAL DECISION MAKER CONCERNS REGARDING PARTICIPATION IN COMPETITIVE INTEGRATED EMPLOYMENT**

**INSTRUCTIONS:** Consider the reasons why a legal decision-maker may have hesitation or reluctance for the individual to pursue at least part-time Competitive Integrated Employment. Check the reasons that apply and how the provider has addressed these concerns in the past six months.

<b>List the reason for the legal decision-maker’s lack of interest or reluctance regarding competitive integrated employment.</b>	<b>Describe how the provider addressed this concern and the outcome of the efforts in the past six months.</b>
<input type="checkbox"/> Concern about the individual losing benefits.	
<input type="checkbox"/> Lack of knowledge of integrated employment options available.	
<input type="checkbox"/> Lack of opportunity to hear from and ask questions of individuals working in competitive integrated employment.	
<input type="checkbox"/> Comfortable with current situation; reluctant to make a change.	
<input type="checkbox"/> Concerned about transportation options.	
<input type="checkbox"/> Concern about individual not being able to see and keep in touch with their friends.	
<input type="checkbox"/> Concern about the individual being treated poorly by co-workers in community workplaces.	
<input type="checkbox"/> Reluctance to have the individual apply to DVR.	
<input type="checkbox"/> Other—Specify:	

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**PART THREE—ADDRESSING THE INDIVIDUAL’S OR LEGAL DECISION-MAKER’S CONCERNS OR HESITATIONS IN THE NEXT SIX MONTHS.**

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Describe any efforts made to engage with the individual or legal decision-maker to learn about competitive integrated employment in the past six months.

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Describe the action steps to effectively address each concern or hesitation noted above during the next six months, if prevocational services are reauthorized.

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**Proceed to SECTION ONE for signatures to finalize this report.**