**SE Webinar #2**

**Application of Supported Employment Standards**

**Handout # 6B**

**Supported Employment Support Summary**

**Benchmark 4**

**8 weeks**

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| **DARS_LogoH_Gray** | | **Department of Assistive and Rehabilitative Services**  **Supported Employment Support Summary** | | | | | | | | | | | | | | | | | | |
| **General Instructions** | | | | | | | | | | | | | | | | | | | | |
| Refer to the Standards for Providers, 2.11 Standards for Supported Employment Services and quality criteria for additional details. | | | | | | | | | | | | | | | | | | | | |
| The placement must continue to meet all nonnegotiable employment conditions, 50 percent or more of negotiable employment conditions, and at least one targeted job task listed in the SESP—Part 1.  If the consumer is placed in any new subsequent positions or jobs, a new SESP—Part 2 form must be completed, signed by all parties, and submitted with the DARS1615.  Follow the instructions below when completing this form:   * Information on the form must be submitted electronically and be accurate and complete. * Supported Employment Specialist will record an answer to all questions. If a question or section does not apply, enter “Not Applicable” and explain why. * Write narrative summaries in paragraph form in clear, descriptive English. * Indicate how and when you collected the information in the narrative summaries. For example, “the Supported Employment Specialist collected the information through discussion with the consumer’s supervisor on March 5, 2014,” or “the Supported Employment Specialist observed the consumer performing (skill or task) at the job site on March 5, 2014.” * Before submitting with an invoice for payment, review the document to ensure that all questions have been answered, the Standards for Providers outcomes have been met and that all quality criteria have been met. * Submit invoice for payment the day after achievement of the benchmark (for example, the 29thday, the 56th day, etc.)   **Note**: The provider collects the information and completes this form except the section indicated for “DARS Use Only.” | | | | | | | | | | | | | | | | | | | | |
| Enter X below to indicate which benchmark this form is being used for. | | | | | | | | | | | | | | | | | | | |
| **Benchmark 3: four-week job maintenance** x **Benchmark 4: eight-week job maintenance** | | | | | | | | | | | | | | | | | | | |
| **Identification Information** | | | | | | | | | | | | | | | | | | | |
| **Consumer’s** **name**:  Jorge | | | | **DARS consumer number:**  123456 | | | | | | | | | | | | | | | |
| **Employment Information** | | | | | | | | | | | | | | | | | | | |
| **Consumer’s job title:**  Environmental Service Attendant 1 | | | **First day worked in current placement:**  3/15/2015 (month/day/year) | | | | | | | | | | | | | | | | |
| **Average number of hours the consumer works weekly:** 20.5 | | | | | | | | | | | | | | | | | | | |
| **Original (first) placement:** | | | | | | | | | | | | | | x Yes | | | | No | |
| **New placement or position (must submit a new DARS1614 with this DARS1615):** | | | | | | | | | | | | | | Yes | | | | X No | |
| **Complete the information below only if the consumer is placed in a new job.** | | | | | | | | | | | | | | | | | | | |
| Updated SESP—Part 2 submitted for new placement? | | | | | | | | | | | | | | Yes | | | | No | |
| First Placement: Start date:   /  /     (month/day/year) End date:   /  /     (month/day/year) | | | | | | | | | | | | | | | | | | | |
| Second Placement: Start date:   /  /     End date:   /  / | | | | | | | | | | | | | | | | | | | |
| **Service Delivery Information Support Summary** | | | | | | | | | | | | | | | | | | | |
| **The consumer has worked at least 28 cumulative calendar days.** | | | | | | | | | | | | | | | x Yes | | | | No |
| **The consumer has worked at least 56 cumulative calendar days.** | | | | | | | | | | | | | | | x Yes | | | | No |
| **Employment was verified through**:  x employer contact    consumer contact x directly observing the consumer at work  x other: describe: contacts with family | | | | | | | | | | | | | | | | | | | | |
| **Briefly describe the consumer’s essential and episodic job duties and the consumer’s ability to perform each job duty**: | | | | | | | | | | | | | | | | | | | |
| Sort items by function; (bed linens, blankets, towels scrubs): Since he likes things to be in order, he is quick to pull out the item that does not belong and he puts this in a separate cart. He independently checks his task sheet (no cueing) and places like items in the washing machine so that they are evenly spaced.  Place dry laundry in linen carts:Doing this independently.  Fold towels: He enjoys this task and is very precise. Initially he was using a jig and no longer needs it. He continues to need the adhesive tape on the pole by his folding table to remind him to stop stacking towels and wash cloths  Fold scrubs using a jig: He has improved his productivity on this task using the new jig and now enjoys performing the task a lot more.  Place folded laundry in delivery cart: Jorge is still being trained to deliver the carts to the hospital floors. He still needs supervision by a co-worker as he sometimes gets distracted and gets confused as to where he should go next on his route. Additional communication cards have been developed to assist with his continued training on this task. | | | | | | | | | | | | | | | | | | | |
| **Describe how the consumer has adjusted to his or her job, including any problematic issues or concerns that emerged and how they were addressed**: | | | | | | | | | | | | | | | | | | | |
| Jorge has increased speed and accountability and has increased his duties. One day he left his work area and followed his mentor as she delivered the carts of cleaned laundry. Mrs. Smythe thought that Jorge might like to help take the laundry up to the floors, and since Saturday is a slower day for the hospital, this task was added to his Saturday schedule. In time, this task may be added other days of the week. When he has been up on the patient floors he has been greeting some of the female nurses. Prior to participating in another potluck luncheon, a Social Story was reviewed with Jorge and he was successful in this event.Consumer is adjusting well to his job. The Job Skills Trainer has begun fading his support and Jorge continues to work side by side with his mentor co-worker, Mary Reingold. | | | | | | | | | | | | | | | | | | | |
| **Describe evidence of how the consumer is meeting the expectations and demands of the employer, including the level of satisfaction the employer has with the consumer’s job performance**: | | | | | | | | | | | | | | | | | | | |
| Jorge is able to work faster and has had more tasks added to his schedule. It still is necessary to use a Social Story to explain major changes. Jorge missed 3 days of work due to illness and his family called in his absence. During that time, his absence was noted because the housekeeping staff complained that the laundry was not folded as neatly. When he retuned to work several people from housekeeping came to the laundry room and thanked Jorge for his work. He seemed to understand them and smiled and laughed.Jorge started out just sorting, washing, drying and folding laundry initially, but he has begun learning how to delivery laundry to the hospital floors. Ms. Smythe is very pleased with Jorges work and is open to adding hours if the family is interested. | | | | | | | | | | | | | | | | | | | |
| **Describe evidence to support the consumer’s and, if applicable, the consumer’s legal representative’s (family member or other) satisfaction with the job and the work environment**: | | | | | | | | | | | | | | | | | | | |
| Jorge reports he loves his job and his family reports the same. They indicate that his communication skills have started to increase and he is verbalizing co-workers names and expressing an interest in activities occuring at the job.Jorge's family is amazed by his independence and are pleased that he is being included in the potluck luncheons. Some of Jorge's co-workers are going to participate in a 3K walk for cancer awareness and Jorge is going with them. Jorge's cousin is going to join the group so that he can take Jorge home earlier if the need arises. | | | | | | | | | | | | | | | | | | | |
| **Describe what types, methods, and strategies were used in training the consumer and the effectiveness of the training provided**: | | | | | | | | | | | | | | | | | | | | | |
| Communication cards were developed for each of Jorge's assigned tasks and he was trained initially using backward chaining as a training technique. This helps Jorge as he likes to see the end result or final product first.  Prior to major changes in Jorge's schedule (such as added duties) a Social Story is developed and Mary Reingold reviews it with Jorge at work.  The Job Skills Trainer no longer sets up Jorge's picture task list and this is being done by Jorge and Mary Reingold.  The Job Skills Trainer through the HCS waiver program has been on site and trained with Jorge. Additional sessions are being scheduled to ensure that they are able to take over the needed supports after job stability and service closure. | | | | | | | | | | | | | | | | | | | | | |
| **Explain the amount and extent of supports identified in the SESP Part 2 that were provided during this period including the type, frequency, methods, and strategies that were used**: | | | | | | | | | | | | | | | | | | | | | |
| Most of the direct training has moved to his mentor coworker. Training and supports were provided to co-workers and supervisors to help them work more effectively with Jorge. The Job Skills Trainer began fading more this month and is now only going to the work site 3 days per week to monitor or provide specific support or training to staff and supervisors as needed. | | | | | | | | | | | | | | | | | | | | | |
| **What new support or accommodation needs, if any, were identified during this period, and how were they addressed**? | | | | | | | | | | | | | | | | | | | | | |
| Additional communication cards were developed to help train Jorge to deliver carts even when he is distracted. | | | | | | | | | | | | | | | | | | | | | |
| **Briefly describe the amount and type of training and other services you provided to the consumer to help him or her maintain employment**:  Some job skills training was directly provided to Jorge to help him in learning his job duties and training and support was provided to his co-workers and supervisors to assist them in working more effectively with Jorge, ccommunication cards and social stories were developed for Jorge to help him in learning his assigned tasks and training has started with the HCS job skills trainer who will be providing extended/long term supports . | | | | | | | | | | | | | | | | | | | | | |
| **Additional comments**:  Jorge continues to ride para-transit back and forth to work on Monday, Thursday and Friday. Tuesday, Wednesday and Saturday, he is provided rides by his family. | | | | | | | | | | | | | | | | | | | | | |
| **Placement Verification Statements** | | | | | | | | | | | | | | | | | | | | | |
| Review and respond to the following statements as they relate to the consumer’s placement. Provide comments to back up and/or explain your responses either in the statements above or in the comment section below. Enter X to select Yes, No, or Not Applicable. | | | | | | | | | | | | | | | | | | | | | |
| **Statements** | | | | | | | | | | **Yes** | | **No** | | | | | **N/A** | | | | |
| 1. The placement matches the preferences and interests, assets and abilities, resources, majority of negotiable employment conditions, and all nonnegotiable employment conditions outlined in the SESP 1 and SEA. | | | | | | | | | | x | |  | | | | |  | | | | |
| 2. The consumer is working the number of hours and days and shifts defined in the SESP 1. | | | | | | | | | | x | |  | | | | |  | | | | |
| 3. Wages are at or above minimum wage but not less than the customary or usual wage paid by the employer for the same or similar work performed by people who do not have disabilities. | | | | | | | | | | x | |  | | | | |  | | | | |
| 4. Consumer is working in a “competitive work setting” as defined in the Standards for Providers. | | | | | | | | | | x | |  | | | | |  | | | | |
| 5. Consumer is working in an “integrated work setting” as defined in the Standards for Providers. | | | | | | | | | | x | |  | | | | |  | | | | |
| 6. The work environment is fostering inclusion and career growth as appropriate to the consumer’s capabilities. | | | | | | | | | | x | |  | | | | |  | | | | |
| 7. The consumer has been placed in an organization or a business that is not owned, operated, controlled, or governed by the Community Rehabilitation Provider (CRP) providing the Supported Employment Services. | | | | | | | | | | x | |  | | | | |  | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | | | | | | |
| **Consumer Signature** | | | | | | | | | | | | | | | | | | | | | |
| I, the consumer (or legally authorized representative), am satisfied and certify that the dates, times, and services are accurate.  **If you are not satisfied, do not sign. Contact your DARS counselor.** | | | | | | | | | | | | | | | | | | | | | |
| **Consumer’s signature: X** Jorge M | | | | | **Date:** 5/16/15 | | | | | | | | | | | | | | | | |
| **Signature of consumer’s representative or legal guardian (if applicable): X** Jorge M | | | | | **Date:** 5/16/15 | | | | | | | | | | | | | | | | |
| **Supported Employment Specialist Signature** | | | | | | | | | | | | | | | | | | | | | |
| I, the Supported Employment Specialist certify that   * the above dates, times, and services are accurate; * I personally provided all services or supervised the credential Job Skills Trainer who provided the services recorded within the DARS1615, Supported Employment Support Summary * I documented the services and information described above in the report; * The consumer’s and/or consumer’s legally authorized representative’s signature on this form was gained on the date stated in the date field of the form; * I hand wrote my signature and dated and; * I maintain credentials required for a Supported Employment Specialist as described in the Standards for Providers. | | | | | | | | | | | | | | | | | | | | | |
| **First and last name of Supported Employment Specialist:**  Super SEProvider | | | | | | | **UNT credential number:**  767654 | | | | | | | | | | | | | | |
| **Signature of the Supported Employment Specialist who completed the report:**  **X** Super SEProvider | | | | | | | **Date:**  5/16/15 | | | | | | | | | | | | | | |
| **Job Skills Trainer Signature** Terrific JS Trainer    Not applicable | | | | | | | | | | | | | | | | | | | | | |
| I, the Job Skills Trainer certify that   * the above dates, times, and services are accurate; * I was supervised by the Supported Employment Specialist when I personally provided services as recorded within the DARS1615; * I hand wrote my signature and dated and; * I maintain credentials required for a Job Skills Trainer as described in the Standards for Providers. | | | | | | | | | | | | | | | | | | | | | |
| **Job Skills Trainer’s first and last name:**  Terrific Trainer | | | | | | | **UNT credential number:**  8999587 | | | | | | | | | | | | | | |
| **Job Skills Trainer’s signature:**  **X** Terrific JS Trainer | | | | | | | **Date:**  5/16/15 | | | | | | | | | | | | | | |
| **DARS Use Only—Verification UNT Credentials** | | | | | | | | | | | | | | | | | | | | | | |
| **Job Coach and/or Job Skill Trainer Verification**    Not applicable | | | | | | | | | | | | | | | | | | | | | |
| The UNT website verifies that the CRPs Job Coach and/or Job Skills Training listed above is  Credentialed    Not credentialed | | | | | | | | | | | | | | | | | | | | | |
| If the Job Coach/Job Skills Trainer is **not credentialed**, is an approved DARS3490, Temporary Waiver of CRP Credentials, attached to the invoice?  If yes, does the DARS3490 approve services with correct service dates? | | | | | | | | | | | Yes    No    Yes    No | | | | | | | | | | |
| Printed name of DRS staff member making verification: | | | | | |  | | Date verified: | | | | | | | |  | | | | | |
| If unable to verify the credentials or the approved DARS3490, complete the following: | | | | | | | | | | | | | | | | | | | | | |
| * The date a **copy** of the submitted invoice and DARS 1615 was returned to the CRP with written notification that CRP staff person did not meet the credential criteria required or submit an approved DARS 3490 waving the required credential. Date: | | | | | | | | | | | | | | | | | | | | | |
| * The date a case note was entered to document the return of invoice and required form(s) Date: | | | | | | | | | | | | | | | | | | | | | |
| **DARS Use Only-Verification Job Coach and/or Job Skill Trainer**  **Deaf Services Premium Approval** Not applicable | | | | | | | | | | | | | | | | | | | | | |
| **Purchase Order issued for Deaf Service Premium?**   Yes    No. If no, skip to next section. (A copy of the certification should be attached to the form and invoice.)  **If Yes,** Board of Interpreters for the Deaf (BEI) certification   Credentialed    Not credentialed  Registry of Interpreters for the Deaf (RID) certification   Credentialed    Not credentialed  SLPI rating of intermediate plus   Credentialed    Not credentialed | | | | | | | | | | | | | | | | | | | | | |
| Printed name of DRS staff member  making verification: | | | | | | | | | Date verified: | | | | | | | | | | | | |
| If unable to verify the credentials, complete the following: | | | | | | | | | | | | | | | | | | | | | |
| * The date a **copy** of the submitted invoice and DARS 1613 was returned to the CRP with written notification that CRP staff person did not meet one of the credential criteria required.   Date: | | | | | | | | | | | | | | | | | | | | | |
| * The date a case note was entered to document the return of invoice and required form(s)   Date: | | | | | | | | | | | | | | | | | | | | | |
| **DARS Use Only—DARS Approval of the DARS1615** | | | | | | | | | | | | | | | | | | | | | | |
| If the Deaf Employment Premium Services has been authorized, were the Supported Employment Specialist’s or Job Coach and/or Job Skills Trainer’s credentials for Deaf Employment Premium verified? | | | | | | | | | | N/A   Yes    No | | | | | | | | | | | |
| Verified that the DARS1615 is accurately completed per form instructions on form and the Standards for Providers. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Verified that the consumer has been employed at least 28 or 56 days from date of placement. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Verified that the DARS 1615 identifies the consumer’s performance and the consumer’s abilities related to essential job tasks, training needs, and supports to be provided to ensure the consumer’s success. dar | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Verified that extended services and/or long-term supports are being addressed and put into place by the provider. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Verified that consumer, parent and/or guardian, and employer continue to be satisfied with the placement. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Verified that wages are at or above minimum wage but not less than the customary or usual wage paid by the employer for the same or similar work performed by people who do not have disabilities. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Verified that the consumer is working in a “competitive work setting” as defined in the Standards for Providers. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Consumer is satisfied with the job placement via signature on form or by consumer contact. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| Verified any additional requirements of the placement noted in the “special comments” of the Purchase Order were met. | | | | | | | | | | | Yes    No | | | | | | | | | | |
| If any question above is answered “No” complete the following:   * Send a copy of the submitted invoice, DARS1615 and DARS 1613 returned to the CRP with written notification that the placement did not meet the requirements as described in the Standards for Providers. Date sent: * Record a case note to document the return of invoice and required form(s)   Date recorded: | | | | | | | | | | | | | | | | | | | | | |
| DARS1615:    Approved    Sent back to provider | Printed name of DRS staff making verification | | | | | | | | | | | | Date: | | | | | | | | |