

JOB PLACEMENT REPORT

		VR Counselor Name: _____	
Client's Name: _____		Last 4 of SSN : _____	CRP Name: _____
Employer's Name: _____		Telephone: _____	
Address: _____		Supervisor Name: _____	
Client's Job Title: _____		Start Date: _____	
Hourly Rate: _____	Average Weekly Hours: _____	No. of Days per Week: _____	
Receives Health Insurance through Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Benefits: _____	
Job Duties: (Attach Job Description, if available)			
Job Accommodations:			
Vocational Objective:			

If Job is different from the vocational objective listed on the IPE, explain transferable skills, client interest, informed choice, agreement, etc.:

Describe how this job was secured and what role the CRP played in securing the job:

Competitive Integrated Employment:

Does the employment meet the definition of Competitive Integrated Employment:

- a. Is the work at a location typically found in the community (competitive labor market)?
☐ Yes ☐ No
- b. Is the individual who is working on a full-time or part-time basis (including self-employment) compensated at a rate that:
- (1) is at least the rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938, as amended, or the rate specified in the applicable State or local minimum wage law?
☐ Yes ☐ No
- (2) is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills?
☐ Yes ☐ No
- (2) in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills?
☐ Yes ☐ No ☐ Not applicable
- c. Is the individual eligible for the level of benefits provided to other employees?
☐ Yes ☐ No

- d. Is the employment at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons? ☐ Yes ☐ No
- e. Does the employment present opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions? ☐ Yes ☐ No

Signature:

I certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described.

Name/Signature of the Employment Specialist:

Date form completed: