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|  | **TENNESSEE DEPARTMENT OF HUMAN SERVICES – VOCATIONAL REHABILITATION SERVICES****Individual Placement and Support Job End Report** |
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## Personal Information

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| Client: |       |  |  |
|  |  |  |  |
| VR Counselor: |       |  |
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| --- | --- | --- | --- |
| Care Coordinator: |       |  |  |
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| --- | --- | --- | --- |
| Employment Specialist:  |       |  Agency Name: |       |

## Information about the Job

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |       | Start Date: |       |
| Employer: |       | Job End Date: |       |
| Was there disclosure? |       | Benefits? |       |
| Date of Face to Face with Employment Specialist after job loss: |       | Rate of Pay: | $       |

## Reason for Job End

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| [ ]  Quit for a better job [ ]  Quit- illness related [ ]  Quit for another reason [ ]  Terminated  |
| Client’s perspective regarding job end: |       |  |  |
|  |  |  |  |
|  |  |  |  |
| Staff comments regarding job end: |       |  |
|  |  |  |
|  |  |  |
| Employer comments: |       |  |  |
|  |  |  |  |
| Types of supports provided: |       |  |  |
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| What did the person like/dislike about the position? |       |  |  |
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## Next Steps

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| Does the person wish to find another job? [ ]  Yes [ ]  No [ ]  Unsure at this time  |
| If so, what kind? |       |  |
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|  |  |  |  |
| Clients preferences regarding disclosure on the next job: |       |
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Next Steps:

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\*Reminder: Employment Specialist should see client face-to-face within three days of job loss.

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Signature of Employment Specialist Date