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

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Client: |  |  |  |
|  |  |  |  |
| VR Counselor: |  | |  |
|  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Care Coordinator: |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| What did the person like/dislike about the position? |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |

## Next Steps

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

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