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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program****Individualized Written Adjustment Plan** |

**Client:** **Date Entered Adjustment Training:**

**Vocational Objective:**

**Barriers being addressed:**

**Are there any health and/or safety issues to be considered? Yes** **[ ]  No** **[ ]**

**If yes, describe them:**

**Are there any accommodations or modifications that are needed? Yes [ ]  No [ ]**

**If yes, describe them:**

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| 1. **Behavioral Objective**
 | 1. **Goal/ Method/Technique**
 | 1. **Person Responsible**
 | 1. **Time Frame From/To**
 |
| 1. **Attendance/Punctuality:** To be consistently at work and on time when scheduled. To consistently be on time returning from breaks. To always call in within 30 minutes of start of workday when absent. To consistently clear absences in advance with supervisor when possible.
 | Current absenteeism % Current Tardiness %Goal: Decrease by % per month to reduce to 0%.Method: Time Clock, Observation & Counseling, Classroom Activities, Other:  |  |  |  |
| 1. **Hygiene/appearance:** To consistently report to work clean and appropriately dressed for work environment.
 | Current Problems: Goal: Method: Observation & Counseling, Classroom Activities, Other:  |  |  |  |
| 1. **Staying on task:** To consistently demonstrate full attention to task. Seldom observed distracted, distracting others, talking excessively, day dreaming, wandering from work station.
 | Currently: Off task  times per week.Goal: Decrease by  times per week to reach goal of 0.Method: Contract Work, Observation & Counseling, Classroom Activities, Other:  |  |  |  |
| 1. **Follows instructions:** To consistently follow written or oral instructions from beginning to end of task. Consistently receives instructions in attentive, positive manner.
 | Current: Goal: Method: Contract Work, Observation & Counseling, Classroom Activities, Other:  |  |  |  |
| 1. **Works Independently:** To consistently demonstrate ability to work without supervision, alone, and work well with others.
 | Current: Goal:      Method: Contract Work, Observation & Counseling, Classroom Activities, Other:  |  |  |  |
| 1. **Cooperation with Supervisor, Co-Workers, Team:** To consistently have positive interaction with supervisors, co-workers, team members. Consistently accepts work assignments in positive manner.
 | Current: Goal: Method: Contract Work, Observation & Counseling, Classroom Activities, Other:       |  |  |  |
| 1. **Safety Practices:** To learn and consistently practice standard work area rules and policies.
 | Current:      Goal:      Method: Contract Work, Observation & Counseling, Classroom Activities, Other:       |  |  |  |
| 1. **Work Tolerance:** To build physical and mental tolerance needed for maximum work potential.
 | Current: Works       hrs. per day       days a week.Goal: Increase time as able to reach maximum ability. (based on medical information in file)Method: Contract Work, Observation & Counseling, Classroom Activities, Other:       |  |  |  |
| 1. **Work Speed & Quality (Baseline** **%):** To increase/maintain work speed to      % with consistent acceptable quality and neatness.
 | Current:      % production rate;      % error rateGoal: Increase production by      % per month and error rate by      % per month to reach overall goal.Method: Contract Work, Observation & Counseling, Classroom Activities, Other:       |  |  |  |
| 1. **Work Related Judgment/Response to Corrections:** Consistently demonstrates job flexibility, appropriate interaction with others, acceptance of work rules and policies, good attitude and initiative toward work. Consistently asks appropriate questions or further clarification of instructions when needed.
 | Current:      Goal:      Method: Contract Work, Observation & Counseling, Classroom Activities, Other:       |  |  |  |
| 1. **Work Related Skills; Independent Living, Academic, Job Readiness**

 | Classes Needed:       |  |  |  |
| 1. **Other Barriers to** Employment
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I would like the outcome of my program to be:

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CRP Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**