

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**Employment Services Progress Report**

Report Period: \_\_\_\_\_ to \_\_\_\_\_ Report Date: \_\_\_\_\_  
CRP Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
CRP Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
DORS Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consumer Name: \_\_\_\_\_  
DORS Employment Goal (as stated on IPE): \_\_\_\_\_  
Targeted Number of Hours per Week (as stated on IPE): \_\_\_\_\_  
Primary Disability: \_\_\_\_\_

**Check the authorized service this report covers:**

- ☐ Job Development Prep  
☐ Job Development  
☐ Interviewing Assistance  
☐ Short-Term Job Coaching

**Supported Employment:**

Intensive Job Coaching Before Transition to:

- ☐ DDA  
☐ BHA  
☐ Natural Supports  
☐ Youth Extended Services

**Job Development Prep**

**Initiate within 30 days from the date of the Authorization.**

(8 hours maximum: 6 hours for resume development, interview prep and cover letter creation and 2 hours for job placement plan development.)

**Attach:** Resume, Cover Letter and/or Job Placement Plan. Describe Interview Preparation Activities.

**Note:** In the table below, Activity includes resume prep, cover letter development, interview prep and the creation of a job placement plan.

Activity	Date	Hours	Result
1.			
2.			
3.			
<b>Total Number of Hours:</b>			

**Plan-Driven Job Development**

(20-hour increments as authorized)

**Attach:** Job Log & the Daily Record used for Job Development.

**Note:** For Plan-Driven Job Development Activities, list each objective separately. Specify items from Job Placement Plan including the consumer's responsibilities. Review activities monthly with client.

Plan-Driven Job Development Activities (From IPE or Job Placement Plan)	Targeted Achievement Date	Achieved
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Number of Hours:</b>		

### Interviewing Assistance

(5 hours at a time for accompanying Consumer to interview, transporting to/from interview.)

**Attach:** Job Log

Activity/Location	Date	Hours	Result
1.			
2.			
3.			
4.			
<b>Total Number of Hours:</b>			

Hours Summary	Number of Hours Used
Hours this report used for <b>Job Development Prep:</b>	
Hours used for this report for <b>Plan-Driven Job Development:</b>	
Hours this report used for <b>Interviewing Assistance:</b>	
<b>Total Hours this report</b> (Job Development Prep + Plan-Driven Job Development + Interviewing Assistance):	
<b>Cumulative Hours used to date</b> (this monthly report + previous months):	

**Was consumer placed in a position this month?** ☐ Yes ☐ No

**If Yes:** Provide job information below and, if needed, request authorization for job coaching.

## Job Information

Employment Start Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Location Address: \_\_\_\_\_

O\*Net Job Title and Code: \_\_\_\_\_

Average Hourly Wage (including tips): \_\_\_\_\_

Average Number of Hours Per Week: \_\_\_\_\_

Benefits Available: ☐ Presently ☐ After 90 days

AbilityOne or MD Employment Works Position: ☐ N/A ☐ AbilityOne ☐ Employment Works

If employment was not obtained and less than 6 hours of job development services were provided this month, provide explanation, including why service should be continued:

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Describe plan to increase job development activity:

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## Job Coaching

**Attach:** Job Log & the Daily Record of Hours used for Job Coaching.

Job Coaching Objectives (list each objective)	Targeted Achievement Date	Achieved
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Hourly Job Coaching Fading Schedule:

Employment Week	Hours Worked in Week by Consumer	Job Coaching Hours Provided in Week by CRP (On-site + Off-site)
1		
2		
3		
4		
5		
6		
7		
8		

During this report period, did consumer reach 90 days after the employment start date?

☐ Yes ☐ No

**If Yes:** Use [CRP Request for Placement Incentives \(RS-7o\)](#) to request authorization for placement incentives to be invoiced 90 days after the employment start date.

**If No:** Describe progress toward employment retention, including ongoing support services for which intensive job coaching hours continue to be needed prior to completion of short-term job coaching or prior to transition to long-term funding:

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**If No, AND the consumer's goal includes using Natural Supports to maintain employment:**

Describe progress toward a transition to Natural Supports providing ongoing supports:

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### Daily Record of Hours used for Job Development, Placement and/or Coaching

Month/Year: \_\_\_\_\_

- 1 = Job development (JD)
- 2 = On-Site Job Skills training
- 3 = Follow-up services with natural supports development
- 4 = Social skills training
- 5 = Related services
- 6 = Other

See [Employment Services Progress Report Instructions](#) for specific activities & outcomes in comments section. **Note:** If Job Development is included, attach Log.

Date	JD Hours	Hours Client Worked	Job Coach Hours		Types of Service						Comments: (Attach supplemental information for #6 and as needed)
			On-Site	Off-Site	1	2	3	4	5	6	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total:</b>											<b>Total Service Hours:</b>

## Youth Extended Services

**Attach:** Job Log & the Daily Record of Hours used for Youth Extended Services.

Youth Extended Services Objectives (list each objective)	Targeted Achievement Date	Achieved
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No

- DORS Administrative Approval may be granted for Youth Extended Services for up to one year at a time (maximum four years).
- If approved, this service may be included on an amended IPE, authorized in three month increments, and invoiced monthly.
- These services may be funded by DORS only until the consumer turns age 25, or until a long-term funding source is available, or until Natural Supports are developed, whichever comes first.
- When a youth is receiving extended services funded by DORS, the CRP needs to report monthly to the DORS counselor on services provided (minimum four contacts per month required) and on efforts to identify a source for long-term funding or natural supports for the consumer to access with the goal for the consumer to be able to continue receiving required ongoing supports after age 25.

**This is the:**

☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup> ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup> month of the ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> Year of DORS funding for Youth Extended Services.

**During this report period:**

Did the consumer turn age 25? ☐ Yes ☐ No

Has a long-term funding source been identified? ☐ Yes ☐ No

Have Natural Supports been sufficiently developed to support consumer? ☐ Yes ☐ No

**If none of the above are true:** Describe progress toward identifying a long-term funding source or to developing Natural Supports, including the approximate availability date:

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