|  |  |  |
| --- | --- | --- |
| **Client Name:** | **CRP Name:** | **Date:** |
| **CRP Team member(s):** | | **VR Counselor:** |
| **Vocational Goal:** | | |
| **Geographic Area** (Where search and job development will occur based on client/guardian wishes): | | |
| **Health and safety risks:** While developing this plan, my service provider and I, as well as my family/support network, if applicable, have had opportunity to discuss and assess potential risks. We have accepted the following as inherent risk(s), and there is an objective below to minimize each risk.   |  |  | | --- | --- | | *Inherent Risks:* |  | | | |
| **Results of Assistive technology/accommodation assessment:**  **Other considerations:** | | |
| **Are there additional short-term specific skills or additional preparations needed for the chosen Vocational Goal? For example, acquisition of food handler’s permit, CPR certification, background checks, etc.**  Yes  No  **If yes, what is needed and how can it be obtained:** | | |
| **Type of Job Supports:**  On-site  On-site and Off-site | | |
| **Description of specific supports relative to the unique needs of the individual:** | | |
| **Extended Services To Be Provided By:** | | |
| **Support Network (e.g., family, friends, CSW) role in contributing to desired employment outcome:** | | |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Objectives | Action Steps | Person(s)  Responsible | Frequency | Implementation  Date | Estimated  Completion | How will the objective be measured? | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Objectives and Responsibilities:** |

|  |
| --- |
| **If employment is not obtained within 90 days, provide plans for next team meeting:**  **Date:**        **Time:**  **Location:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Objectives | Action Steps | Person(s)  Responsible | Frequency | Implementation  Date | Estimated  Completion | How will the objective be measured? | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Objective and Responsibility Revisions (**J D Plan must denote revisions and participants’ initials. Progress is reflected in CRP case notes): |

**Discovery and Exploration Final Report/SE Job Development Plan**

My signature indicates that I have been involved in the review of this report. I certify that all services, as documented within; including dates and times, are accurate to the best of my knowledge. Signatures below also indicate participation in the development of and agreement with job development planning. As revisions occur, participant initials and date will denote the same.

CRP Team Member Date

Person Served Date

Guardian (If applicable) Date