

# Customized Job Development Monthly Report Form

**Job Candidate Name:**

**Service:** Customized Job Development

**CRP Staff:**

**Month:**

## 1. Services Provided

- |  |  |
|--|--|
| <input type="checkbox"/> Updates to the Visual or Video Resume       | <input type="checkbox"/> Development of an Employment Proposal           |
| <input type="checkbox"/> Business Development (from the Lists of 20) | <input type="checkbox"/> Negotiate a Customized Position                 |
| <input type="checkbox"/> Identification of New Business Leads        | <input type="checkbox"/> Accessing/ Leveraging Social Networks & Capital |
| <input type="checkbox"/> Informational Interview(s)                  | <input type="checkbox"/> Development of Work Site Training Plan          |
| <input type="checkbox"/> Benefits & Financial Planning               | <input type="checkbox"/> Plan for Natural Supports & Non-Employment Time |
| <input type="checkbox"/> Assistive Technology                        | <input type="checkbox"/> Plan for Transportation                         |
| <input type="checkbox"/> Completion of a Job Analysis                | <input type="checkbox"/> Other _____                                     |

## 2. Business Contacted

Business Name	Phone	In-Person	Interview
	<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"/>

**3. A description of the activities completed during the reporting period, as indicated above.**

**4. Feedback from Employers/ Businesses contacted:**

**5. CRP Comments/ Next Steps:**

If Employment is obtained, complete the following to submit to IVRS with a finalized Job Analysis Form.

<b>Business Name</b>	<b>Address</b>	<b>Position</b>	<b>Hours/Week</b>	<b>Wage/Hour</b>	<b>Start Date</b>

**Services Provided: Customized Job Development**

**Date(s) of service and hours worked each date:**

**Total number of hours worked:**

**CRP Signature:**

***CRP Staff submit this form to IVRS with any narrative needed to document the provision of this service.***