

## IA IPS Milestone Update Report

**Job Seeker:** \_\_\_\_\_

**FUNDER:** \_\_\_\_\_

**HAB:**  IHH Care Coordinator: \_\_\_\_\_

**IVRS:**  VR Counselor: \_\_\_\_\_

**IPE Completed or Amended: Yes:**  **Date:** \_\_\_\_\_ **No:**

**REGION:**  **OTHER/AWAITING FUNDER:**

**Employment Specialist:** \_\_\_\_\_

**EMPLOYMENT GOAL** (in client's own words):

**MILESTONE:**  #1 (Career Exploration)  #2 (JD1)  #3 (JD2)  #4 (Job Coaching)

## EMPLOYMENT INFORMATION

**Start Date:**

**Employer:**

**Job Title:**

**Supervisor:**

**Wages:**

**Hours:**

**Job Duties:**

**Transportation:**

**Union position:** Yes:  No:

**Disclosure:** Yes (signed release):  No (does not want employer contacted):

## UPDATES/CHANGES

**Vocational/Educational Goal:**

**Career Planning & Preferences:**

Client Name:

Member ID#:

DOB:

**Job Development:**

**Disclosure Plan:**

**Job Support Plan:**

**Referrals Needed/Made to Other Providers:**

**Service Coordination with MH Team:**

**Mental Health Symptom Update:**

**Benefits Planning Update:**

### **PROGRESS**

(Complete brief summary of client's successes and any at work, issues or needs, including any feedback from employer, ES, or other clinicians for each milestone achieved; include client quotes whenever possible):

Milestone #1:

Milestone #2:

Milestone #3:

Milestone #4:

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**Employment Specialist Signature**

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**Date**

Client Name:

Member ID#:

DOB: