# Time-Unlimited Support Report

Name of Employee:                          Employment Start Date:
Name of Employer:                          Job Title:
Business Address:                          Business Phone #:
Business Contact:                          Supervisor:

What methods were given to the employer on how to contact the job coach?

What training or strategies were provided to the supervisor/mentor in order for them to support and direct the client?

*Work Schedule:*

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Split Shifts |
|-----|------|-----|-------|-----|-----|-----|--------------|
|     |      |     |       |     |     |     | ☐            |

| Job Skills (Examples: active learning, self-monitoring, communication, listening, social interaction) | Rating (NI, A, M) | Feedback/ Suggestion/ Comments? |
|---|---|---|
| Can employee identify any natural supports in the workplace? **Please list who they can identify and who the Job Developer/Coach feel the natural supports are.** | | |
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*NI – Needs Improvement, A – Acceptable, M - Mastered*

Client Name:                    Member ID#:                    DOB:

| Sequence of Tasks | Rating (NI, A, M) | Date/Comments |
|---|---|---|
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*NI – Needs Improvement, A – Acceptable, M – Mastered*

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Staff Signature                                                     Date

Client Name:                              Member ID#:                              DOB: