Intake Plan Meeting Date:      

Intake Plan Meeting Start Time:

Intake Plan Meeting End Time:

Vendor Company Name:

Vendor Representative’s Name:            

VR/SWD Participant Name:           

VR Counselor Name:           

DVR Purchase Order #:

Participant Current Employer:

Full Time Employment  Part Time Employment

Work Based Learning Experience (WBLE) for SWD Participant

Participant’s Job Title:

Start Date of Employment:

Participant Work Site Location:

Employer’s Contact Person:

Employer’s Contact Person Job Title:

Employer’s Contact Phone Number or Email Address:

Clearance Required:

Number of days per week Participant is scheduled to work:

Number of hours per day the Participant is scheduled to work:

*\*If the hours vary by calendar day, please complete the schedule below*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Start Time** |  |  |  |  |  |  |  |
| **End Time** |  |  |  |  |  |  |  |

Specific barriers to maintaining employment:

Functional Limitations and Other Attendant Factors:

From DVR Documentation/DVR Staff:

Additional comments from VR Participant:

VR Participant’s accommodation needs necessary for successful completion of the service objectives:

Other areas relevant to the service provision and VR Participant’s accomplishment of service objectives:

Legal Issues:

Self-Identified Abilities and Aptitudes:

1. **SPECIFIC SERVICE OBJECTIVES**

**Job Coaching Activities**

Anticipated Date of Completion:

1. Objective #1: Participant will complete work tasks independently.

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

1. Objective #2: Participant will successfully complete work tasks.

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

1. Objective #3:

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

1. Objective #4:

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

1. Objective #5:

Describe activities and services that will be provided for meeting this objective:

Describe skills and techniques to be learned for meeting this objective:

**2. OUTCOME OF THE INTAKE PLANNING MEETING**

Check one (1):

Vendor accepts referral and agrees to begin service provision sessions within ten (10) business days from the Intake Plan meeting

Vendor or VR/SWD Participant declines referral. Explain why:

VR/SWD Participant and VR Counselor was a “no-show” for Intake Plan meeting

Revised Intake Plan. Date Revised:

If unable to start service within ten (10) business days, please explain why:

VR/SWD Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR/SWD Participant Guardian/Representative

(if applicable) Date:

Other (if applicable) Date:

Vendor Representative Signature: Date:

VR Counselor Signature: Date: