

TRANSITION TO EMPLOYMENT - QUARTERLY REPORT

Qualified Vendor's Name: _____ Contact Person's Name: _____

Qualified Vendor's Mailing Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

TTE Physical Site Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Qualified Vendor's E-Mail Address: _____

Member's Name: _____ Support Coordinator: _____

REPORT PERIOD

1st Quarter (due by April 15th)

2nd Quarter (due by July 15th)

3rd Quarter (due by October 15th)

4th Quarter (due by January 15th)

Member's Name	Member's ID No.	Original Service Start Date	Original Service End Date	Identified for Progressive Move (Yes / No)	Made Progressive Move (Yes / No)	Type of Progressive Move Made (Integrated or Competitive)

	Month / Year	Month / Year	Month / Year	Anticipated Date for Member to Exit the TTE Service:
Hours Authorized				
Hours Attended				

Describe the types of activities involving unpaid work exploration and job shadowing experiences that the member has been involved in during the reporting period:

Additional comments:

State the member's progress made on applicable TTE outcomes. If no progress has been made, identify the barriers and list the plan of action to overcome the barriers.

Tte Curriculum Module:	Module the member will participate in: (Yes / No)	Date module started:	Progress made toward completion of TTE outcome or date module was completed:	Barriers preventing progress and plan of action to overcome those barriers:
Assessing learning style				
Identifying likes, dislikes, and interests				
Assessing career interest				
Enhancing self-determination				
Developing community safety skills				
Developing positive work behaviors				
Dressing for success				
Following the rules				
Getting along with your supervisor				
Getting along with your co-workers				

Tte Curriculum Module:	Module the member will participate in: (Yes / No)	Date module started:	Progress made toward completion of TTE outcome or date module was completed:	Barriers preventing progress and plan of action to overcome those barriers:
Responding to and resolving conflict at work				
Developing a resume				
Applying for a job				
Getting to work				
Receiving and using your paycheck				
Job exploration and job shadowing				
Understanding the impact of income on disability benefits				

Qualified Vendor Administrator's / Designee's Name *(Print)* _____

Qualified Vendor Administrator's / Designee's Title _____

Qualified Vendor Administrator's / Designee's Signature _____ Date _____

Routing: Original - Support Coordinator, Copy - District File

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