

## EMPLOYMENT SUPPORT AIDE - Quality Assurance Review

QUALIFIED VENDOR NAME: \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_ QUALIFIED VENDOR PHONE NUMBER: \_\_\_\_\_

QUALIFIED VENDOR MAILING ADDRESS: *(No., Street)* \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHYSICAL SITE ADDRESS: *(No., Street)* \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

QUALIFIED VENDOR E-MAIL ADDRESS: \_\_\_\_\_

DDD REVIEWER NAME: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_ REVIEWER PHONE NUMBER: \_\_\_\_\_

### DIRECT LINE STAFF INTERVIEW

EMPLOYMENT SUPPORT AIDE NAME *(Print)* \_\_\_\_\_

DATE OF HIRE / TIME AT PROGRAM \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_

What employment support aide services do you provide?

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How do you know the employment outcomes / objectives of the member you serve?

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How do you help the member reach those outcomes / objectives?

How do you measure and record progress toward these outcomes and objectives?

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How do you facilitate the development of natural supports for the member with whom he or she works?

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How do you assist members to become “full members” of their workplaces (e.g., participating in after-work activities with co-workers)?

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What training did you receive in developing community job opportunities and teaching meaningful employment-related activities? (e.g., hygiene, punctuality, supervisory relationships, peer relationships, work etiquette, job interviewing)

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What additional training would be helpful?

## MANAGEMENT LEVEL INTERVIEW

INTERVIEWEE NAME (*Print*) \_\_\_\_\_ INTERVIEWEE TITLE \_\_\_\_\_

DATE OF HIRE / TIME AT PROGRAM \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_

How does the qualified vendor develop and maintain ongoing relationships with the local business community? If not, what are the barriers preventing this?

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How does the qualified vendor staff educate current / prospective employers about the abilities and challenges of the members served?

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How is the satisfaction of members and employers measured and how is that information used for program improvement?

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What do you see as your program's strengths?

What do you see as your program's challenges?

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What might the Division do to help you address those challenges?

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How do you track submittal of reports (6-months and quarterly)?

**MEMBER FILE REVIEW**

MEMBER NAME *(Print)* \_\_\_\_\_ DATE OF FILE REVIEW \_\_\_\_\_

	YES	NO	N / A	COMMENTS
Is there a current ISP with employment outcome?				
Are quarterly progress reports completed?				
Do the member's ISP outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a current Behavior Plan? (If applicable)				
Is there a medical emergency contact on file?				

**MEMBER FILE REVIEW**

MEMBER NAME *(Print)* \_\_\_\_\_ DATE OF FILE REVIEW \_\_\_\_\_

	YES	NO	N / A	COMMENTS
Is there a current ISP with employment outcome?				
Are quarterly progress reports completed?				
Do the member's ISP outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a current Behavior Plan? (If applicable)				
Is there a medical emergency contact on file?				

## COMMENTS

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Routing: Original - Employment Program Specialist, Copy - District File

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