

INDIVIDUAL SUPPORTED EMPLOYMENT - QUALITY ASSURANCE REVIEW

QUALIFIED VENDOR INFORMATION

Qualified Vendor's Name: _____

Phone Number: _____ Email Address: _____

Contact Person's Name: _____

Mailing Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Physical Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

DDD Reviewer's Name: _____ Date of Review: _____ Phone Number: _____

DIRECT LINE STAFF INTERVIEW

Job Coach's Name (Print): _____

Date of Hire/Time at Program: _____ Date of Interview: _____

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

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

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

How does the job coach facilitate the development of natural supports for the member with whom the job coach works?

How does the job coach assist members to become "Full Members" of their workplaces (*e.g., participating in after-work activities with co-workers*)?

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*)? What additional training would be helpful?

MANAGEMENT LEVEL INTERVIEW

Interviewee's Name (*Print*): _____

Interviewee's Title: _____

Date of Hire/Time at Program: _____ Date of Interview: _____

Does the Qualified Vendor develop and maintain ongoing relationships with the local business community? If so, how? If not, what are the barriers preventing this?

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

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

What do you see as the program's strengths?

What do you see as the program's challenges?

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

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

Based on the Agency's most recent Comprehensive Aggregate Program Status Report (the 6-month report):

- What percentage of members served maintain competitive employment? _____
- What percentage of members served become employed? _____

MEMBER FILES REVIEW

Member's Name (*Print*): _____ Date of File Review: _____

	YES	NO	N/A	COMMENTS
Are quarterly progress reports completed?				
If job search was provided, is there a job search agreement?				
Do individual member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
If the job search did not result in employment, how were the barriers to obtaining employment addressed?				
Are there progress notes?				
Are teaching strategies on file?				

MEMBER FILES REVIEW

Member's Name (*Print*): _____ Date of File Review: _____

	YES	NO	N/A	COMMENTS
Are quarterly progress reports completed?				
If job search was provided, is there a job search agreement?				
Do individual member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
If the job search did not result in employment, how were the barriers to obtaining employment addressed?				
Are there progress notes?				
Are teaching strategies on file?				

COMMENTS

ROUTING: Original – Employment Program Specialist, Copy – District File

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