

Pathways to Employment – Six-Month Report

Qualified Vendor's Name: _____

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

REPORT PERIOD: January 1 to June 30 *(due by July 31st)* July 1 to December 31 *(due by January 31st)*

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

City: _____ State: _____ ZIP Code: _____

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

City: _____ State: _____ ZIP Code: _____

Qualified Vendor's E-mail Address: _____

DDD District(s) Served: _____ DDD Employment Service Specialist(s): _____

Member's Name	Member's DDD ID No.	Original PTW Start Date	Date PTW Stopped	Referred for Community Integrated Employment (Yes / No)	Referred for Competitive Employment (Yes / No)	Made Progressive Move (Yes / No)	<i>Barriers as to why the member is not identified for a progressive move to either GSE or competitive employment. If no barriers exist, none need to be noted. May also be used for notes specific to this member.</i>

Outcomes	Frequency	Way to Measure		Way to Measure	
Of the members completing 12 months of participation, how many were newly identified for a progressive move to GSE or to VR for competitive employment?	Every six months	Through tracking results of each annual Planning Document and Quarterly Report that occurred during reporting period.	Total members served during six-month period from <u>January to June</u> :	Total number of members who were newly identified for a progressive move from <u>January to June</u> :	Percent of members newly identified for Group Supported Employment or Competitive Employment: <i>(Divide members newly identified for a progressive move by total members served during six-month reporting period)</i>
		Total members served during one-year period from <u>January to December</u> :	Total number of members who are newly identified for a progressive move from <u>January to December</u> :	Percent of members newly identified for Group Supported Employment or Competitive Employment: <i>(Divide members identified for a progressive move by total members served during twelve-month reporting period)</i>	

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

Qualified Vendor Administrator's / Designee's Title _____

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

Continuation Page

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Continuation Sheet:

Routing: Original - Employment Services Specialist(s)