

## Pathways to Employment – Quality Assurance Review

Qualified Vendor's Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Qualified Vendor's Phone Number: \_\_\_\_\_

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 Reviewer's Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Reviewer's Phone Number: \_\_\_\_\_

### Direct Line Staff Interview

Interviewee's Name (Print): \_\_\_\_\_ Interviewee's Title: \_\_\_\_\_

Date of Hire / Time at Program: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

How do you know the PTW outcomes of the member you serve?

\_\_\_\_\_

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

\_\_\_\_\_

How do you measure and record progress toward these outcomes/goals?

Are there teaching strategies outlined for each of the member's goals?

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How do you determine when a member is ready for a progressive move?

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What training have you received for your current position?

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How do you determine when a member is ready for a progressive move?

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Additional comments

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## Management Level Interview

Interviewee's Name (Print): \_\_\_\_\_ Interviewee's Title: \_\_\_\_\_

Date of Hire / Time at Program: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

How does the agency develop and maintain ongoing relationships with the local business community in order to provide opportunities for members to engage in work exploration and job shadowing experiences?

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What do you see as the program's strengths?

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What do you see as the 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 the submission of reports (6-month and quarterly reports)?

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**Member Files Review**

Member's Name (Print): \_\_\_\_\_

Date of File Review: \_\_\_\_\_

	Yes	No	N/A	Comments
Is there a current Person Centered Service Plan (PCSP) and an employment outcome/objective/goal?				
Are quarterly progress reports completed?				
Does the member's PCSP outcome/goal match the quarterly progress report?				
Are there daily progress notes?				
Is there a medical emergency contact on file?				

Member's Name (Print): \_\_\_\_\_

Date of File Review: \_\_\_\_\_

	Yes	No	N/A	Comments
Is there a current Person Centered Service Plan and an employment outcome/objective/goal?				
Are quarterly progress reports completed?				
Does the member's PCSP outcome/goal match the quarterly progress report?				
Are there progress notes?				
Is there a medical emergency contact on file?				

**Comments**

## Positive Observations

Staff/consumer interactions      Physical site      Other

## Concerns

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