ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities Employment Support & Services

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 mem	ber 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?

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

What training have you received for your current position?

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

Additional comments

Management Level Interview

Interviewee's Name (Print): _____

Date of Hire / Time at Program: _____

Date of Interview: _____

Interviewee's Title: ____

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?

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 the submission of reports (6-month and quarterly reports)?

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): ______

	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	•		·	·

Date of File Review: _____

Positive Observations

Staff/consumer interactions Physical site Other

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

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1