

## Pathways to Employment - Employment Skill Development

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

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: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Support Coordinator: \_\_\_\_\_

### Report Period

1st Quarter (due by April 15th)

2nd Quarter (due by July 15th)

3rd Quarter (due by October 15th)

4th Quarter (due by January 15th)

Member's Name	Member's ID No.	Original Service Start Date	Original Service End Date	Identified for Progressive Move (Yes / No)	Made Progressive Move (Yes / No)	Type of Progressive Move Made (Integrated or Competitive)

	Month / Year	Month / Year	Month / Year	Anticipated Date for Member to Exit the PTW Service:
Hours Authorized				
Hours Attended				

Describe, in detail, the specific employment activities and experiences the member has participated in during the reporting period:

What is the member's stated employment goal/outcome in the Person Centered Service Plan? How do these employment activities and experiences, stated above, help the member reach said goal/outcome?

\*\* Use an additional page if needed

State the member's progress made on applicable PTW outcomes. If no progress has been made, identify the barriers and list the plan of action to overcome the barriers.

PTW Curriculum Module:	Has this module been identified for the member to participate in? (Yes / No)	Date module started:	Date module completed:	What information was learned about the member (i.e. takeaways, skills developed, insights, practical application):	Barriers preventing progress and plan of action to overcome those barriers (if module completed, no barriers need to be listed):
Understanding your disability and potential accommodations needed for employment					
Assessing learning style					
Identifying strengths, likes, dislikes, and interests					
Learning about careers of interest and related requirements					
Developing a resume					
Applying for a job					
Enhancing self-determination					
Developing community safety skills					
Developing positive work behaviors					
Dressing for success					

PTW Curriculum Module:	Has this module been identified for the member to participate in? (Yes / No)	Date module started:	Date module completed:	What information was learned about the member (i.e. takeaways, skills developed, insights, practical application):	Barriers preventing progress and plan of action to overcome those barriers (if module completed, no barriers need to be listed):
Following the rules					
Getting along with your Supervisor					
Getting along with your co-workers					
Responding to and resolving conflict at work					
Getting to work					
Receiving and using your paycheck					
Understanding the impact of income on disability benefits					

Qualified Vendor Administrator's / Designee's Name (Print) \_\_\_\_\_

Qualified Vendor Administrator's / Designee's Title \_\_\_\_\_

Qualified Vendor Administrator's / Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Routing: Original - Support Coordinator, Copy - District File**