

TRANSITION 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: _____

TTE 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 TTE outcomes of the member you serve?

How do you help the member reach those outcomes?

How do you measure and record progress toward these outcomes?

Was the training you received adequate or inadequate for your job responsibilities? Yes No
Explain how?

What additional training would you like?

Additional comments:

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 in order to provide opportunities for members to engage in unpaid work exploration and job shadowing experiences? If so, how? If not, what are the barriers preventing this?

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 reports)?

What Progress Has Been Made Toward Achieving Service Outcomes?

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

- | | |
|--|--|
| <ul style="list-style-type: none"> At least 50% of members completing twelve (12) months of participation or their individualized training schedule, whichever comes first, will be referred for community integrated employment. | |
| <ul style="list-style-type: none"> At least 20% of members receiving this service will be referred for competitive employment. | |

MEMBER FILES REVIEW

Member's Name (*Print*): _____

Date of File Review: _____

	YES	NO	N/A	COMMENTS
Is there a current Planning Document and an employment outcome/objective?				
Are quarterly progress reports completed?				
Are there 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 Planning Document and an employment outcome/objective?				
Are quarterly progress reports completed?				
Are there 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 Planning Document and an employment outcome/objective?				
Are quarterly progress reports completed?				
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

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.