

Report Completion Guide - Job Development Plan

This guide provides additional details for completing the [Job Preparation and Development Plan \(DVR-17036-E\)](#). It explains what information DVR is looking for in certain prompts and provides examples where helpful. These examples are provided for illustration only. Providers should document services based on the individual consumer's needs, preferences, and activities.

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

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| Report Month | Report Year (YYYY) |
| Consumer IRIS Number (9 Digits) | Service Provider Name (10-Character Abbreviation) |
| Consumer Name (As Listed on Purchase Order) | Service Authorization Date (MM/DD/YYYY) |

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| Service Type: Choose the applicable service types from the list below: <input type="checkbox"/> General Job Development <input type="checkbox"/> Supported Employment <input type="checkbox"/> Individual Placement and Support <input type="checkbox"/> Customized Employment <input type="checkbox"/> Internship/Temporary Work <input type="checkbox"/> Student Work-Based Learning | |
| Purchase Order (PO Number) | Report Author |
| Has the consumer signed a release authorizing the provider to contact potential employers? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Preferred or Target Wage | Preferred Hours/Week |
| <p>Purpose: Identify the wage range guiding job development activities.</p> <p>Include: The wage range the consumer would like to earn or needs to earn based on their financial needs, employment goals, and/or local labor market conditions.</p> <p>Examples:</p> <ul style="list-style-type: none"> "\$18-\$20 per hour based on prior work experience" "Minimum \$15/hour to meet financial needs" "Open to starting at \$16/hour with opportunity for advancement" <p>Tips: If the consumer is unsure, document the discussion and note that the wage range may be refined as job exploration continues.</p> | <p>Purpose: Document the consumer's desired work hours based on their availability and any scheduling considerations.</p> <p>Include: desired weekly hours, scheduling preferences or limitations, or potential changes (e.g., school, medical).</p> <p>Tips: Note factors that may affect job development activities in the comment section.</p> <p>Examples, with comments:</p> <ul style="list-style-type: none"> "Full-time (35-40 hours/week), weekdays only" "Part-time (20-25 hours/week), afternoons and evenings" "Up to 30 hours/week due to school schedule" "Consumer states only available 9am-3pm M, W, F" |

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| Optional comments: |
| Consumer Employment Goals Long-Term (IPE) Employment Goal: |
| Short-Term Employment Goal (for students or other approved situations): |
| Consideration of Additional Employment Goals, if applicable: |
| Consumer Employment Goals Purpose: The report should reflect the consumer's employment direction guiding job development activities. Include: <ul style="list-style-type: none"> • The long-term employment goal listed in the IPE (as provided from DVR). • Short-term goals if applicable (students or other approved situations). • Additional goals if applicable (other goals being explored or considered other than the one identified as the IPE goal). Tips: Goals should clearly connect to the job development strategy and employer outreach described later in the plan. |
| Purpose of Internship/Temporary Work (I/TW) If an I/TW may be authorized, indicate the primary purpose based on DVR referral and guidance. <ul style="list-style-type: none"> <input type="checkbox"/> Determine or confirm a compatible vocational goal. <input type="checkbox"/> Assess needs for assistive technology or job accommodations. <input type="checkbox"/> Build endurance or stamina for work (work hardening). <input type="checkbox"/> Develop or strengthen work skills. <input type="checkbox"/> Establish current work references. <input type="checkbox"/> Try out a position to determine if it is a good fit. <input type="checkbox"/> Other (please specify): |

Job Development Activities and Preparation

Use this section to describe the preparation and support provided to the consumer before job development, followed by how job development will progress once active.

Activities (mark all that apply and provide details as needed)

Purpose of this section: Document the preparation activities completed with the consumer to prepare for active job development. Identify both strengths and areas where the provider needed to provide support or coaching.

For each activity selected, briefly describe:

- What support was provided.
- The consumer's level of participation or independence.
- Any progress made or skills developed.

Tips: Not every activity will apply to every consumer. Only document the activities that were relevant to preparing the consumer for job development and/or required by the referral for the service. Focus on meaningful preparation, not checking every box.

- Employment eligibility check (e.g., verifying consumer has IDs such as photo ID, social security card)

- Resume & cover letter development (e.g., drafting, editing, formatting, tailoring to jobs):
- Registering & navigating in Job Center of Wisconsin (e.g., assistance with registration, accessing resources):
- Sample job application (e.g., guidance on completing applications correctly):
- Interview practice (e.g., role-play, mock interviews, feedback on responses):
- Job search support (e.g., finding job postings, identifying opportunities that match):
- Contacting employers (e.g., coaching on making initial contact, follow-up; discussion on if/when provider may contact employers):

Job Development Process: Provide detail about how the job development process will be carried out, including the shared responsibilities of the provider, consumer, and DVR. Include expectations for communication methods and frequency, progress meetings, scheduling, interviews, and completion of applications.

Purpose of this section: Describe how job development activities will be carried out and how responsibilities will be shared between the provider, consumer, and DVR. Establish a clear, shared understanding of how job development will function.

Include:

- How job leads will be identified
- Who will contact employers
- How applications will be completed
- Communication methods and frequency
- Meeting expectations and scheduling

Tips: Be specific enough to set expectations. Reflect collaboration between provider, consumer, and DVR.

Initial Job Support Plan (Before Job Start)

This section captures the **initial** discussion and planning with the consumer about anticipated needs and supports based on what is currently known. Plans and supports are expected to evolve once a specific job is obtained.

List the anticipated needs or supports in each area below:

- Accommodations (e.g., Schedule, environmental, work task modifications):
- Support Needs (instructional/workplace) - (e.g., learning job tasks, communication, navigating employer expectations):
- Transportation (e.g., assistance with planning, coordination, or funding):
- Work Clothing (e.g., interview clothing, work uniforms, specialized attire):
- Equipment/Tools (e.g., work-related tools, assistive devices, or other equipment):

- Other (e.g., additional supports needed to begin or maintain employment):

Purpose: Capture anticipated supports the consumer may need when starting a job, based on current information. These plans may change once a specific job is obtained.

Tips: Focus on anticipated needs, not confirmed job-specific details. Plans should be flexible and evolve after hire.

How will the consumer get to and from work? What is their backup plan if that option is not available?

Purpose: Describe how the consumer expects to travel to and from work and identify any backup options if that primary plan is unavailable.

Example: Primary plan is rides from a family member; discuss what the consumer plans to do if that family member is sick and unavailable. Perhaps the backup plan identified is a public bus route that can be practiced.

Additional recommendations to support progress or address barriers (e.g., vocational services, benefits counseling, or referrals to partner agencies):

Note: Any recommendations listed will be reviewed by DVR. DVR staff will determine whether additional services or referrals are appropriate and can be authorized.

Purpose: Identify any additional services or supports that may help the consumer progress toward employment. This may include potential services or supports, referrals to partner agencies, or training or resource needs.

Examples: benefits counseling, assistive technology assessment, transportation assistance, additional training or certifications, or referrals to the ADRC.

Note: DVR staff will review recommendations and determine whether additional services should be authorized. Recommendations here should not represent a request for services on behalf of a consumer.

Potential Employer Contacts

| Employer Name | Positions |
|---------------|-----------|
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Signatures are optional. If signatures are not obtained, Service Providers must document the plan discussion and agreement in the section below the signature lines. DVR staff must also document the meeting and agreement in a case note.

| | |
|------------------------------------|-------------|
| Consumer Signature | Date Signed |
| Guardian Signature (if applicable) | Date Signed |
| DVR Signature | Date Signed |
| Service Provider Signature | Date Signed |

If signatures were not obtained, complete the following:

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| Date of plan review meeting: |
| Meeting format: <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Other If Other, explain: |
| Meeting participants: |
| Agreement confirmed by all parties: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: |

Date of next scheduled review meeting:

Please add any additional information after this line.

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