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| **Texas Workforce Solutions logo** | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Project SEARCH Placement Report** | | | | | | | | | | | |
| **Benchmark Achieved** | | | | | | | | | | | | | |
| **Form completed for:**  Benchmark A - 5th day completed on the job  Benchmark B - 45th day completed on the job  Benchmark C - 90th day completed on the job  Other:      ­­ | | | | | | | | | | | | | |
| **Case Information** | | | | | | | | | | | | | |
| **Customer name:** | | | | | | | | | **Case ID:** | | | | |
| **Service authorization (SA) number:** | | | | | | | | | | | | | |
| **Customer’s Employment Information** | | | | | | | | | | | | | |
| **Instructions:** **Enter the most recent placement information below.** | | | | | | | | | | | | | |
| **Employer’s Information:** | | | | | | | | | | | | | |
| First placement  Secondplacement Other: | | | | | | | | | | | | | |
| **Company name:** | | | | | | | | | | | | | |
| **Street address** (include suite number, if any): | | | | | | | | | | | | | |
| **City:** | | | | | | | **State:** | | | | | **ZIP:** | |
| **Main phone number:** (   ) | | | | | | | **Supervisor phone number:** (   ) | | | | | | |
| **Customer’s supervisor’s name:** | | | | | | | | | | | | | |
| **Supervisor’s job title:** | | | | | | | **Supervisor’s email address:** | | | | | | |
| **In the spaces below,** **check the best methods and times to contact the customer’s supervisor:** | | | | | | | | | | | | | |
| Phone  Email  Monday–Friday  Weekends | | | | | | Morning  Noon to 5 p.m.  After 5 p.m.  Other: | | | | | | | |
| **Job Placement Information** | | | | | | | | | | | | | |
| **Instructions:** Record the start date and end dates, if applicable, for placements gained and lost.  When a customer is placed in a new position with the same or new employer, the placement count must start over for a new 90 day count. | | | | | | | | | | | | | |
| **First placement start date:** | | | | | | | | | | | | | |
| **Second placement start date:**       **Other placement start date:** | | | | | | | | | | | | | |
| **Customer Employee Information** | | | | | | | | | | | | | |
| **How does the employer classify the position:** (check all that apply; seasonal employment is not appropriate, unless approved by the VR Director using the [VR3472, Contracted Service Modification Request](https://twc.texas.gov/forms/index.html) form)  PermanentFull-time  Part-time  Temp-to-hirewhen aprerequisite for continued employment after the probationary period ends  As needed (PRN) when the minimum and maxium hours worked are maintained as identified on the VR3363 | | | | | | | | | | | | | |
| **Customer’s job title:** | | | | | **First day of paid employment (first day worked):** | | | | | | | | |
| **Average total number of hours the customer works weekly:** | | | | | | | | | | | | | |
| **Hourly wage:** | | | | | | **Weekly gross earnings:** | | | | | | | |
| **The customer is paid:** Weekly  Every two weeks  Monthly  Other: | | | | | | | | | | | | | |
| **Customer’s Position Description** | | | | | | | | | | | | | |
| **List the customer’s primary job responsibilities:** | | | | | | | | | | | | | |
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| **Summary of the Customer’s Employment** | | | | | | | | | | | | | |
| **Describe how the customer has adjusted to his or her job placement,****including any issues or concerns and how they were addressed by the provider, employer, and customer.** | | | | | | | | | | | | | |
| **Record a summary of the customer’s performance related to the job’s essential and nonessential job responsibilities.** | | | | | | | | | | | | | |
| **Soft Skills** | | | | | | | | | | | | | |
| **Instructions:** Use the scale below to rate the customer’s overall performance.  **Descriptions**  **Excellent:** Performance far exceeded expectations because of exceptionally high quality of work.  **Very Good:** Performance consistently exceeded expectations.   **Good:** Performance consistently met expectations, at times possibly exceeding expectations.   **Marginal:** Performance did not consistently meet expectations.  **Poor:** Performance was consistently below expectations. Significant improvement is needed. | | | | | | | | | | | | | |
| Ability to learn | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Accuracy of work | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Accepts assistance | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Adaptability | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Appearance and hygiene | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Attendance | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Communication | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Cooperativeness | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Initiative | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Motivation | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Safety practices | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| Timeliness | Excellent | | Very Good | | | | | Good | | | Marginal | | Poor |
| **Describe any accommodations, compensatory techniques, and special training needs that were identified or established at the worksite:** | | | | | | | | | | | | | |
| **Describe any training provided by the business:** | | | | | | | | | | | | | |
| **Describe any training and other services provided to the customer to help him or her gain or maintain employment:** | | | | | | | | | | | | | |
| **Describe results from visits and any consultations made with the business:** | | | | | | | | | | | | | |
| **Service Delivery Type** | | | | | | | | | | | | | |
| **Services facilitated (refer to VR3363 to view what was approved)**: (Check all that apply)  In-person at job site  In-person at or away from job site  Remote training (using a computer-based training platform that allows for face-to-face and/or real time interaction)  A combination of in-person and remote training | | | | | | | | | | | | | |
| **Visits with the Customer** | | | | | | | | | | | | | |
| **Record a summary of the visits with the customer during each benchmark.** | | | | | | | | | | | | | |
| **Date:**  **Summary of visit:** | | | | | | | | | | | | | |
| **Date:**  **Summary of visit:** | | | | | | | | | | | | | |
| **Date:**  **Summary of visit:** | | | | | | | | | | | | | |
| **Date:**  **Summary of visit:** | | | | | | | | | | | | | |
| **Date:**  **Summary of visit:** | | | | | | | | | | | | | |
| **Date:**  **Summary of visit:** | | | | | | | | | | | | | |
| **Additional comments:** (date entries) | | | | | | | | | | | | | |
| **For Benchmark C- Only**  **Project SEARCH Extended Services, Retention Services,**  **and Long-Term Support Services Summary** | | | | | | | | | | | | | |
| The contractor records all of the extended services, retention services, and long-term support services to be provided, managed , or arranged by long-term support organizations or natural sources of support to ensure the Customer is able to stay employed once VR  closes the Customer’s case. These services and sources of support include both on-site and off-site monitoring,  as requested by the Customer or the Customer’s legal representative to ensure that the Customer maintains job stability. | | | | | | | | | | | | | |
| **Description of the Extended Service, Retention Service, and/or Long-term Support Need** | | | | **Frequency of Service and/or Need** | | | | | | **Name, Title/Relationship and Contact Information of Person/Business providing the Service/Support Need** | | | |
| 1. | | | |  | | | | | |  | | | |
| 2. | | | |  | | | | | |  | | | |
| 3. | | | |  | | | | | |  | | | |
| 4. | | | |  | | | | | |  | | | |
| 5. | | | |  | | | | | |  | | | |
| 6. | | | |  | | | | | |  | | | |

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| **Customer Signature** | | | | | |
| **Verification of the customer’s satisfaction and service delivery obtained by:**  Handwritten signature  Digital signature (See VR-SFP 3 on Signatures)  By sending a copy of the document returned with a scanned signature  Unable to obtain signature, describe attempts:  Email verification, per VR-SFP 3 (must be attached) | | | | | |
| By signing below, I, the customer, certify that I received the service as recorded within the report above.  If you are not satisfied with the service, contact your VR counselor. | | | | | |
| **Customer’s signature:**  **X** | | | | **Date Signed:** | |
| **Provider Signature** | | | | | |
| **Job Placement Specialist signature** | | | | | |
| **By signing below, I certify that:**   * the above dates, times, and services are accurate. * I personally facilitated all services, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization. * The customer’s placement meets 100% of the nonnegotiable employment conditions, at least 50 percent of the negotiable employment conditions and one SOC code on the VR3363, Project SEARCH Job Placement Service Plan. | | | | | |
| **Typed or Printed name**: | **Signature:**  (See VR-SFP 3 on Signatures)  **X** | | | | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | | | | |
| **Director** | | | | | |
| **Director Typed or Printed name**: | **Director Signature:**  (See VR-SFP 3 on Signatures)  **X** | | | | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | | | | |
| **VRS Use Only** | | | | | |
| Any VR staff member may complete the VRS Use Only section.   If any question below is answered no or if the report is incomplete, return the invoice to the provider with the VR3460. Follow the  instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices. | | | | | |
| **Provider Qualifications Verification** | | | | | |
| **Director’s Credential:** | | | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  maintained or waived the UNTWISE Director Credential  did **not** hold a valid UNTWISE Director Credential | | | | | |
| **Job Placement Specialist Credential:** | | | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the JP Speciliast listed above:  maintained or waived the required UNTWISE Credential  did not hold a valid UNTWISE Credential | | | | | |
| **Report Verification** | | | | | |
| Verified the report is accurate and complete, per form instructions and SFP 16 | | | Yes  No | | |
| Verified the customer received the service via signature on the form or other method | | | Yes  No | | |
| Verified the service was provided within the dates on the SA | | | Yes  No | | |
| Verified the customer was placed in the same position for the entire 90 day placement count | | | Yes  No | | |
| Verified the appropriate fee was invoiced | | | Yes  No | | |
| **VR staff name:** | | **Date:** | | | |