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| SEAL31.TIF | **JOB DEVELOPMENT AND PLACEMENT PLAN**  State Form 56645 (12-18)  FAMILY AND SOCIAL SERVICES ADMINISTRATION  DIVISION OF DISABILITY AND REHABILITATIVE SERVICES  VOCATIONAL REHABILITATION (VR) SERVICES |

*This form helps you plan for achieving job placement. Complete this form at the end of Discovery. You should meet as a team to develop this plan. The team includes the participant, employment consultant, and Vocational Rehabilitation Counselor, and others as determined by participant. You can meet in person, through video conference, or telephone call.*

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| --- | --- | --- | --- |
| Participant Information | | Name: | Participant name. |
| Contact  *(Telephone, E-mail, Address)*: | Participant contact. | Alternate Contact: | Alt contact. |
| Date of Birth  *(month, day, year)*: | DOB. | VR Identification Number: | VR ID. |
| Provider Information | | Provider: | Provider name. |
| Employment Consultant (EC): | Employment Consultant. | EC Contact Info: | EC Contact. |
| Support Team (e.g. family, case manager, residential, behavioral specialist, teacher) | Support team. | | |

## Collaborators

*Identify each person who helped develop this plan. Select all that apply.*

Participant  Employment Consultant

Vocational Rehabilitation Counselor  Other team member(s) Identify other team members.

Meeting

*Identify how the meeting was conducted. Select all that apply.*

In Person  Video / telephone conferencing

Individualized Plan for Employment (IPE):*During your meeting, discuss the vocational themes and information in the Discovery profile. This information will inform the employment goal on the IPE. If the IPE is already written, discuss if it is a good fit based on what was learned. If it is not a good fit, amend the IPE.*

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| Enter the employment goal. |

### Strategies

*Describe strategies for achieving successful placement. Assign strategies to team members. In the timeline section, identify when each strategy should happen.*

| Strategy | | Responsible Person(s) | Timeline |
| --- | --- | --- | --- |
|  | Enter strategy. | Responsible person. | Timeline. |
|  | Enter strategy. | Responsible person. | Timeline. |
|  | Enter strategy. | Responsible person. | Timeline. |
|  | Enter strategy. | Responsible person. | Timeline. |
|  | Enter strategy. | Responsible person. | Timeline. |
|  | Enter strategy. | Responsible person. | Timeline. |
|  | Enter strategy. | Responsible person. | Timeline. |

### Expectations

1. How often will the job seeker and employment consultant meet?

Enter text here.

1. How will the job seeker and employment consultant communicate? How often?

Enter text here.

1. How will the job seeker and Vocational Rehabilitation counselor communicate? How often?

Enter text here.

1. How will the Vocational Rehabilitation counselor and employment consultant communicate? How often?

Enter text here.

1. When will the team come back together as the participant looks for a job?

When will the team come back together? Examples include 1 month or 6 weeks.

1. Are there other expectations? *If so, explain*.

Examples include calling in advance if the job seeker will be late or the job seeker’s residential staff will assist with transportation to interviews.

## Optional Signatures for Completion of the Job Development and Placement Plan

I participated in this meeting. I agree with the information and recommendations in this plan.

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| Signature of Participant |  | Date *(month, day, year)* |
|  |  |  |
| Signature of Participant’s Parent or Guardian, as applicable |  | Date *(month, day, year)* |
|  |  |  |
| Signature of Community Rehabilitation Provider Representative |  | Date *(month, day, year)* |
|  |  |  |
| Signature Other |  | Date *(month, day, year)* |