

SE:5

May 2023

Natural Supports Training Plan (Milestone 6)

Consumer: _____ Vendor: _____

LRS Counselor: _____ Case Number: _____

EMPLOYEE: _____ Phone #: _____

Start Date: _____ Rate of Pay: _____ Days: _____

Job Title: _____

Job Specifications (list major duties):

EMPLOYER: _____ Address: _____

Designated Trainer: _____ Supervisor: _____ Phone: _____

Describe how the job coach **has supported** the employer and employee / consumer:

List the daily activities and work routines that result in interaction with co-workers:

List identified **natural** support persons (both formally and informally) available to the consumer:

List employer accommodations (training supports, supervision, restructuring duties, employee job duty checklist, etc.):

List strategies for reducing **natural supports needed by the consumer**:

Additional Comments and Summary:

I agree to this Natural Supports Training Plan and to my Job Coach contacting my employer about my job performance.

Consumer Signature: _____ Date: _____

I agree to provide on-going extended follow-along services to include two (2) on-site or one (1) on-site and two (2) off site visits per month as per federal regulations (SE consumers ONLY).

Vendor Signature: _____ Date: _____