

Job Retention Progress Report
(Milestones 2-4)

LRS Counselor	Consumer Name		Case Number	
Employer/Address	Position		Placement Date	Hourly Pay
	Hours Worked Per Week/ Per Month	Monthly Earnings	Job Coach Name	

1. Identify any changes in work duties (if applicable) and methods used to assist the consumer:

2. Identify new or unforeseen challenges and list strategies used to resolve these:

3. Identify strategies and efforts on behalf of the consumer to establish and maintain their job:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 4. Is Job Coach on the Job 25%, the time, or less? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is Employer Satisfied? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is Consumer Satisfied? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is there a need to meet with LRS Counselor? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

5. Document(s) Attached:

- Invoice and verification of employment (only if a Milestone has been achieved)
- Job Coaching time Log
- Other: _____

6. Summary of Progress / Additional Comments:

Vendor Signature: _____

Date: _____

Consumer Signature: _____

Date: _____