# STABLE EMPLOYMENT ACTIVITY NOTE

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| **Employee Name:** | Click here to enter text. |
| **Employer:** | Click here to enter text. |
| **Worksite Activity**: *What did you do or observe while this employee was working?*  Click here to enter text. | |
| **Purpose:** *Reason for activity.*  Click here to enter text. | |
| **Results:** *What did you learn about: employee, employer, employment site, and/or resource?*  *♦What did you learn about the type of work employee does in this company? The culture of the company? The people? ♦How does this job match (or differ from) the employee’s interests, skills, preferred characteristics of a job? ♦Did you notice any unmet need within the company? Is there possibility for customized employment? Explain what you learned and/or want to further explore. ♦What is the Employee’s progress on the job toward their goal of independence? ♦What did you learn from this activity?*  Click here to enter text. | |
| **Next Steps:** *Time and date of next activity. What else needs to be explored?*  *♦What are plans for continued supports? What will the supports be? ♦Will the Employee need further assistance from OVR prior to closure of case? (i.e. rehab tech). ♦What are plans for fading? How will this take place?*  Click here to enter text. | |

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| Signature of ES: |  |
| Print Name of ES: | Click here to enter text. |
| SE Provider Name: | Click here to enter text. |
| OVR Counselor Name: | Click here to enter text. |
| Date: | Click here to enter text. |
| Total Time Spent: | Click here to enter text. |

\*\* This note is to be used Day 1 through Day 90 of employment.

This form should be submitted to OVR by the 5th of each month.