

Kentucky Office of Vocational Rehabilitation

OVR SE 2-Job Development Activity Note

Instructions

The purpose of this form is to record information about the individual's job development and the work that the employment specialist is doing in this area.

Basic Information

Individual Name	Enter the first and last name of the individual.
Counselor Name	Enter the first and last name of the counselor.
Provider Name	Enter the name of the CRP providing the services.
Employment Specialist Name	Enter the first and last name of the employment specialist from the CRP.
Vocational Goal	Enter the vocational goal for the individual.
Total Billable Hours	Enter the billable hours for this month.

Please note: Only direct service to the individual is considered billable. Direct service is time spent with the individual or on behalf of the individual. Attempt to contact the individual, transportation time to meet the individual, etc., are not considered billable.

Activity

Date of Activity	Select the month, day, and year or manually enter the date of the job development activity using MM/DD/YYYY format.
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Exact time activity took place

Enter the time the activity took place.
Be as exact and specific as possible.

Activity Description

Enter a description of the activity. Be as detailed as possible.

Results

What was learned

Enter what was learned as a result of the activity above.

Does this activity end with the individual securing employment? (Choose one)

Select whether the activity ended with the individual securing employment.

Is the individual still satisfied with their vocational goal? (Choose one)

Select whether the individual is still satisfied with their vocational goal.

Does the vocational goal need to be amended? (Choose one)

Select whether or not the vocational goal needs to be amended or changed.

If yes, provide an explanation as to why the vocational goal needs to be amended?

Enter an explanation as to why the vocational goal needs be amended.

If the vocational goal needs to be amended, the counselor must be notified within 2 business days?

Other important information

Enter any other important information that is not already on the form.

Next Steps

What would you like to learn more about? Enter what else you need to learn to assist in acquiring employment.

When and where will the next activity take place? Enter the time and place of the next activity. Be as specific as possible.

Submit this form to the OVR Counselor by the 5th of the month.