

# Kentucky Office of Vocational Rehabilitation

## OVR SE 5-Employment Stability Assessment Form

### Instructions

The purpose of this form is to assess the stability of the individual on the job.

### Supported Employment Services Provided

#### Purpose of this Report

Select why this report is being done.

What was the amount of time spent providing supported employment services either on-site and/or off-site this past month?

If you put in the hours on-site and off-site, the form should automatically add up the total hours.

#### Hours On-site

Enter the number of hours spent on-site providing support.

#### Hours Off-site

Enter the number of hours spent off-site providing support.

#### Total Hours of Support

Enter the total hours of support that were spent this month.

#### Days Employed

Enter the days the individual works.

#### First Day of Employment Stability

Select the month, day, and year or manually enter the first day of employment stability using the MM/DD/YYYY format. This date represents the date that the individual should be transitioned to extended employment.

## Basic Information

<b>Individual Name</b>	Enter the first and last name of the Individual.
<b>Date</b>	Select the month, day, and year of the assessment or manually enter the date of the assessment using MM/DD/YYYY format.
<b>Job Title</b>	Enter the individual's job title.
<b>Employment Specialist Name</b>	Enter the first and last name of the employment specialist from the CRP.
<b>Date of Employment</b>	Select the month, day, and year or manually enter the date of the individual's employment using MM/DD/YYYY format.
<b>Provider Name</b>	Enter the name of the provider of supported employment services or CRP.
<b>Place of Employment</b>	Enter the place that the individual works or their place of employment.
<b>OVR Counselor</b>	Enter the first and last name of the OVR Counselor.
<b>Average hours working per week</b>	Enter the average number of hours the individual works each week.
<b>Month of Assessment</b>	Enter the month of this assessment.

Ongoing support services as provided during supported employment is to include an assessment of employment stability. Please complete and submit this form to the OVR Counselor by the 5th of each month after the individual starts work until transitioned to Extended Services. 34 CFR 361.5(c)(37)(iv)

Employment stability can be characterized by one's independence in successfully performing job duties either with or without natural supports, but without continuing to need intensive support from the Employment Specialist. Questions 1-6 assist in making this determination.

## **Questions related to Supported Employment Services/Individual Employment**

Please answer the following questions.

**Is the individual satisfied with the work (e.g., job tasks, number of hours) (Choose one)**

Select whether the individual is satisfied with the work.

**If not, what are the specific concerns, and how can they be resolved?**

If no is selected above, what are the specific concerns of the individual with the job, and how can they be resolved?

**Is the acquired job consistent with the individual's strengths, abilities, interests, and informed choice? (Choose one)**

Select whether the job acquired is consistent with the individual's strengths, abilities, interests, and informed choice.

**Is the job consistent with the Person-Centered Employment Plan (PCEP)/Career Profile/Vocational Profile?**

Select whether the job is consistent with the assessments given.

If the job is not consistent with the Person-Centered Employment Plan (PCEP)/Career Profile/Vocational Profile, the counselor must be contacted immediately to resolve the discrepancy and make certain the IPE or IPE amendment reflects the current type of employment, as appropriate.

**Has competitive integrated employment been achieved? (Choose one)**

Select whether competitive integrated employment has been achieved.

**Have any existing conflicts or concerns with benefits (i.e., SSI/SSDI) due to employment been resolved? (Choose one)**

Select whether any conflicts or concerns with the individual's benefits due to their employment have been resolved. For example, the benefits could be SSI or SSDI.

**If not, what is/are the issues? How will this be resolved?**

Please discuss how these conflicts or concerns with benefits will be addressed and dealt with if the haven't already.

**Since employed, has the level of support decreased?**

State whether the individual's support has gone down since they started working.

**If not, what is/are the issue(s)? How will this be resolved?**

State the issues if support hasn't decreased and how this issue will be resolved.

**Since employed, has the individual's hours on the job remained stable or increased? (Choose one)**

State if the individual's hours on the job remained stable or increased since the individual starting working.

**If hours have decreased, what is/are the reason(s) for this?**

If hours of work per week have gone down, what is/are the reason(s) for this decrease?

### **Rate Change**

Directions: Scale of 1 to 10 with 1 indicating the individual has been dismissed from the job due to performance and 10 indicating the individual is stable on the job and can transition to Extended Services after demonstrating sustained

stability. Considering the information recorded above in questions 1-6, please make a rating as to the individual's current stability on the job. If all six questions are answered yes, select the number 10.

**Select the number that best reflects the individual's current level of stability? (Choose one)**

Select a number 1 through 10 that best reflects the individual's current level of stability.

**If the rating is 9 or below, what keeps it from being a higher rating and what is the plan for achieving employment stability?**

State what keeps the rating from being 10 and the plan for getting it to this level.

**If the rating is lower than last month's rating, please provide reason(s) for the change?**

State reason for the change if the rating is lower than last month.

During the Supported Employment Services period this form is to be completed monthly and submitted by the 5th of each month. It should accompany Supported Employment Services notes when sent to the OVR Counselor.

This form is to be completed and submitted to the OVR Counselor along with the Extended Services Plan at the time the consumer has achieved **sustained** stability on the job. Sustained stability refers to consistent successful job performance over time, with or without natural supports, but without continuing to need intensive supported employment services from the employment specialist. The timeframe for determining whether an individual has consistently performed job duties successfully will vary from individual to individual. An individual working full time might require a couple of weeks to make this determination whereas an individual working 5 to 10 hours weekly would likely require more time to make this judgment.