

INDIVIDUALIZED PLAN FOR EMPLOYMENT
Cabinet for Workforce Development-Department of Vocational Rehabilitation
EMPLOYMENT OUTCOME

NAME: _____ **SSN:** _____

EMPLOYMENT OUTCOME: _____

YOUR CASE IS BEING CLOSED BECAUSE YOU HAVE REACHED YOUR EMPLOYMENT OUTCOME.

You were informed of and provided choices for Vocational Rehabilitation services based on your individual needs. These services allowed you to obtain and/or maintain employment in the most integrated setting and included assessment, planning, and guidance and counseling. Additional services included:

- | | | |
|---|--|---|
| <input type="checkbox"/> Rehabilitation Technology | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Mental Restoration |
| <input type="checkbox"/> Interpreter and Notetaking | <input type="checkbox"/> Drivers Evaluation/Training | <input type="checkbox"/> Physical Restoration |
| <input type="checkbox"/> Job Placement/Retention Services | <input type="checkbox"/> CRP Services | <input type="checkbox"/> Training |
| <input type="checkbox"/> Technological Aids/Devices | <input type="checkbox"/> Tools and Equipment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Books and Supplies | <input type="checkbox"/> Uniform | <input type="checkbox"/> CBWTP |
| <input type="checkbox"/> CDPRC | <input type="checkbox"/> Vehicle Modification | <input type="checkbox"/> Other: _____ |
- ☐ **Post –Employment Services Needed**
☐ **No Post-Employment Needed**

Changes that have not been previously addressed include: _____

☐ **Your case was identified as a Supported Employment Placement. The Supported Employment provider, _____ will continue to serve you and will provide ongoing services such as adjustment, follow-up, supportive guidance and advocacy with the employer.**

Should you require additional services in the future, please contact this office. If you have questions or concerns that cannot be addressed by your counselor, please consult the Consumer Guide to find information on your rights and the Client Assistance Program.

Vocational Rehabilitation Counselor Signature

Date