

PERFORMANCE ANALYSIS REGULAR CASE

Counselor	Reviewer	Date
Consumer	Case No.	Status
Applicant Date	Eligibility Date	Timely or With Waiver Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Disability		Disability Code
Is this consumer an SSI/SSDI recipient who is presumed to be eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>		

ELIGIBILITY

- (1) Applicant has physical and/or mental impairment which limit one or more major life activities in terms of an employment outcome, and there is documentation of how impairment and any other factors constitute a substantial impediment to employment. Yes ☐ No ☐ NA ☐
- (2) Applicant requires vocational rehabilitation services to prepare for, secure, retain, or regain employment. Yes ☐ No ☐ NA ☐
- (3) Agreement of Understanding is completed, signed, and dated. Yes ☐ No ☐ NA ☐
- (4) Is this case eligible? Yes ☐ No ☐ NA ☐
- (5) The determination of eligibility/ineligibility is based on the review of existing data and if necessary an assessment of additional data resulting from the provision of VR services. Yes ☐ No ☐ NA ☐
- (6) If additional data was collected, was it limited only to information necessary to complete an assessment? Yes ☐ No ☐ NA ☐
- (7) Was a trial work experience arranged to assist in the determination of eligibility/ineligibility?
IF THIS CASE IS INELIGIBLE, PLEASE STOP REVIEW. Yes ☐ No ☐ NA ☐
- (8) Is case properly coded including disability, MSD/SD, and Priority Category?
(All Supported Employment Cases MUST be MSD.) Yes ☐ No ☐ NA ☐

REMARKS

INDIVIDUAL PLAN FOR EMPLOYMENT

- | | |
|--|------|
| | Date |
|--|------|
- 1) Appropriate Signatures? Yes ☐ No ☐
 - 2) Timely? Yes ☐ No ☐
 - 3) Documentation that the determination and justification of appropriate employment goal is based on an adequate assessment of eligible individual's vocational rehabilitation needs and consistent with eligible individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Yes ☐ No ☐ NA ☐
 - 4) Are the services on the IPE:

(a) supportive of the individual achieving the planned employment outcome?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
(b) necessary to the achievement of the employment outcome?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
(c) in the most integrated settings appropriate to the services and consistent with the informed choice of the individual?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
(d) If NO, is there a justification for the non-integrated setting?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
 - 5) Are all substantive changes in employment outcomes, VR services, or service providers reflected on an amended IPE? Yes ☐ No ☐ NA ☐

- 6) Timelines for the achievement of the employment outcome and for the initiation of the service. Yes ☐ No ☐ NA ☐
- 7) Reviewed at least annually by counselor and eligible individual or representative. Yes ☐ No ☐ NA ☐
- 8) Eligible individual's participation, involvement, and responsibilities in the planning and development of the IPE is documented and signed by eligible individual/guardian and counselor. Yes ☐ No ☐ NA ☐

REMARKS

FINANCIAL ACCOUNTABILITY

- (1) Expenditure of only those funds necessary for eligible individual's assessment and rehabilitation. Yes ☐ No ☐ NA ☐
- (2) If services based on economic need were planned, was financial needs test properly applied and appropriately documented? Yes ☐ No ☐ NA ☐
- (3) Documentation confirms that comparable services and benefits were investigated, considered, and discussed with eligible individual and utilized when available. Yes ☐ No ☐ NA ☐

REMARKS

SUCCESSFUL EMPLOYMENT OUTCOME

- (1) Is the employment outcome consistent with the individual's unique:
(a) strengths, resources, abilities, capabilities, priorities, and concerns? Yes ☐ No ☐ NA ☐
(b) interests and informed choices? Yes ☐ No ☐ NA ☐
- (2) Is the employment outcome in the most integrated setting possible, consistent with the individual's informed choice? Yes ☐ No ☐ NA ☐
- (3) Did the individual and the counselor:
(a) consider the employment outcome to be satisfactory? Yes ☐ No ☐ NA ☐
(b) agree that the individual is performing well on the job? Yes ☐ No ☐ NA ☐
- (4) Did the individual achieve the planned or a closely related employment outcome? Yes ☐ No ☐ NA ☐
- (5) Did the VR services contribute to the individual's achievement of an employment outcome? Yes ☐ No ☐ NA ☐
- (6) Did the individual maintain an employment outcome for an appropriate period of time but not less than 90 days? Yes ☐ No ☐ NA ☐
- (7) For individuals with competitive employment, does the service record reflect verification that the:
(a) individual is compensated at or above minimum wage? Yes ☐ No ☐ NA ☐
(b) level of benefits were customary? Yes ☐ No ☐ NA ☐
(c) individual was informed of post-employment services? Yes ☐ No ☐ NA ☐

REMARKS