**Job Support Plan**

Worker: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Date: Click or tap here to enter text.

1. Plan for getting to work: Click or tap here to enter text.

Back-up plan for getting to work: Click or tap here to enter text.

2. What strengths will help the worker succeed on the job: Click or tap here to enter text.

3. What does the worker want to get out of the job *(for example, meet new people,*

*buy a car, be busy, have more income, …):* Click or tap here to enter text.

4. What does the worker want help with in the new job *(for example, getting up on time, dealing with nervous feelings, getting feedback from the boss, having good relationships with co-workers, learning the job, getting tools/clothing for work…)*?

Click or tap here to enter text.

5. Will the IPS specialist have contact with the supervisor? yes; no.

If yes, please describe how often and what type of contact: Click or tap here to enter text.

Signed release of information for specialist to talk with the employer? yes; no.

6. Who else can help with job supports?

Family member: Click or tap here to enter text.

Friend: Click or tap here to enter text.

Case manager (or other primary worker): Click or tap here to enter text.

Other care professional: Click or tap here to enter text.

Someone else: Click or tap here to enter text.

How will the person help? Click or tap here to enter text.

Signed release of information for identified support person? yes; no.

7. Job supports

|  |  |  |  |
| --- | --- | --- | --- |
| Type of support | Where | When/how often | Who |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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Notes/Updates: Click or tap here to enter text.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  |  |  |
| IPS specialist | | |  | Date |  | Worker |  | Date |