



State of Utah
Department of Workforce Services
CRP CUSTOMIZED EMPLOYMENT PLACEMENT FORM

Client Name: _____ Employment Start Date: _____

CRP Name: _____ Wage: _____

VR Counselor Name: _____ Hours/Week: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Benefits: Yes No If Yes, specify: _____

Supervisor Name: _____ Phone Number: _____

Job Title: _____

1. Is this client a youth with a disability (aged 14-24) at time of job placement? Yes No

2. Did the Employment Specialist negotiate the job duties to be performed by the client and ensure they were not job duties already assigned under an existing job title within the company? Yes No

Explain:

3. Did the Employment Specialist negotiate the client's weekly work schedule and hours and ensure they meet the client's needs as identified in the Discovery Assessment? Yes No

Explain:

4. Did the Employment Specialist negotiate performance expectations and the schedule for performance evaluation? Yes No

Explain:

