DWS-USOR 93 Rev. 09/2019

## State of Utah Department of Workforce Services

## ONGOING SUPPORTS MONTHLY JOB COACHING REPORT

This document should be completed twice per month during visits to the client's worksite. The information will serve as a resource to assess progress, identify additional interventions needed, and determine the necessity for authorization of additional job coaching hours. This form must be submitted with the month's hour tracking log and billing statement. These forms are due by end of business on the 15<sup>th</sup> day of the following month.

Worksite Observation 1 Date:	Worksite Observation 2 Date:									
Client Name:	VR Counselor:									
CRP:	Date:									
Employer:	Supervisor:									
Worksite Evaluation										
Rate the following questions on a scale of 1-10:		1 - Never 10 - Always								
WORKSITE OBSERVATION 1	1	2	3	4	5	6	7	8	9	10
Attendance: The employee/client arrives and leaves on time and maintains proper attendance.  Time Management: The employee/client takes										
meals and breaks appropriately.										
<b>Appearance:</b> The employee/client's grooming and hygiene are appropriate for the workplace.										
<b>Communication:</b> The employee/client uses appropriate communication skills.										
Job Task Completion Rate: The employee/ client's performance is comparable to that of coworkers.										
<b>Job Task Quality:</b> The employee/client's work product meets the employer's standards.										
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WORKSITE OBSERVATION 2	1	2	3	4	5	6	7	8	9	10
Attendance: The employee/client arrives and leaves on time and maintains proper attendance.										
<b>Time Management:</b> The employee/client takes meals and breaks appropriately.										
<b>Appearance:</b> The employee/client's grooming and hygiene are appropriate for the workplace.										
<b>Communication:</b> The employee/client uses appropriate communication skills.										
Job Task Completion Rate: The employee/ client's performance is comparable to that of coworkers.										
Job Task Quality: The employee/client's work product meets the employer's standards.										

Overall appraisal of the employee/client's performance:							
List any problems experienced by the employee/client:							
Interventions Used:							
Recommended Interventions:							
Degreet coupoder contact?							
Request counselor contact?  Yes No I understand that I am electronically signing this form, and I certify that the information on this form							
is correct to the best of my knowledge.	irin, and i certily that the information on this form						
CRP Signature: /s/	Date:						

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