DWS-USOR 144 Rev. 08/2020

## 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:			
Benefits:  Yes  No If Yes, specify: _			
Supervisor Name:	Phone Number:		
Job Title:			
1. Is this client a youth with a disability (aged 14	4-24) at time of job placement?	☐ Yes	☐ No
2. Did the Employment Specialist negotiate the the client and ensure they were not job dutie existing job title within the company? Explain:	s already assigned under an	☐ Yes	☐ No
3. Did the Employment Specialist negotiate the and hours and ensure they meet the client's Discovery Assessment? Explain:		☐ Yes	□No
4. Did the Employment Specialist negotiate per schedule for performance evaluation? Explain:	formance expectations and the	☐ Yes	☐ No

5.	Does the job setting reflect the client's ideal work conditions (social setting, interactions with coworkers/the public, etc.) as identified in the Discovery Assessment?	☐ Yes	□No
	Explain:		
6.	Is the employment setting one that is mutually beneficial for the employer and client? I.e. is the employment setting a successful fit between specific areas of benefit and need for employers and the client's strengths, needs, and interests?	Yes	□No
	Explain:		
7.	Does employment meet at least one of the three vocational themes identified in the Discovery Assessment?	☐ Yes	□No
	Explain:		
/s/		<u> </u>	
Er	nployment Specialist Signature	Date	