

SAMPLE

COMMUNITY BASED PREVOCATIONAL SERVICE DOCUMENTATION - CHECKLIST

Agency Name: _____

Services for Calendar Month/Year: _____

Individual's Name: _____

Individual's Medicaid ID: _____

Description of Services:

Date Services Provided	Staff Initials by Person Delivering Services	Services were provided to I-individual or G-group (2) or G (3+)	Date Services Documented	Time Start	Time Stop	Total Duration per Session	Total Number of Services Provided (At least 1 service from Habilitation Plan must be provided for each session)	training the individual to follow directions, attend to task, multi-task, complete tasks, problem solve, work safely, increase productivity, adapt to work routines, and carry out assigned duties	helping the individual to acquire appropriate attitudes and work habits	assisting the individual with adjusting to the demands of the workplace	familiarizing the individual with job production and performance requirements	providing travel training	providing transportation between activities	providing instruction in the appropriate use of job-related facilities	assessing the individual to determine his or her work interests, productivity and skills	providing instruction in benefits planning	providing instruction in the use of technology that can assist in developing job skills and meeting workplace expectations	assisting the individual to experience a variety of employment options within the community	developing the individual's service delivery plan and related documents	documenting the delivery of prevocational services	developing and negotiating potential community and employment experiences	communicating with family or other members of the individual's circle of support	traveling time for staff
(OPTIONAL) Purpose and/or Response to Services:																							
(OPTIONAL) Purpose and/or Response to Services:																							
(OPTIONAL) Purpose and/or Response to Services:																							

Staff Signature Log

Signature	Print Name	Initials	Title