During COVID-19 Provider Agencies with Authorized Hours will Utilize the ETP Discovery Report and ETP Job Development Plan for ALL individuals not currently working.

**EMPLOYMENT TRAINING PROGRAM**

# Vocational Development Plan

***Name:*** _____ ***TABS ID #:*** _____

## VOCATIONAL DEVELOPMENT PLAN

**PURPOSE:** To consolidate information gathered during Discovery and create a plan for the next steps to assist the individual to build independence and develop employment skills. The plan is meant to be shared with the individual's current and future supports. This information should highlight the positive attributes and describe specific vocational challenges identified during Discovery.

**INSTRUCTIONS:** Fill out each section below and submit the plan to the ETP Supervisor for review. With input from the ETP Supervisor, a meeting may be held to discuss the plan and next steps with the individual and their Circle of Support. Information in the chart on page 3 should be clearly stated so that the individual, their family, their Care Manager, and any support staff working with them are able to monitor their progress as they work to improve in the noted challenge areas.

## EMPLOYMENT TRAINING PROGRAM
# Vocational Development Plan

***Name:*** _____ ***TABS ID #:*** _____

**The following services are being recommended:**

☐ Community Habilitation ☐ Community Pre-Voc ☐ Pathway to Employment

☐ Day Habilitation ☐ Recreation ☐ Other (list below):

_____

**Summarize the positive attributes observed during Discovery:**

**Summarize the reason(s) that Job Development is not being recommended at this time:**

**Check off the challenge areas that were identified during Discovery:**

☐ General Workplace Independence ☐ Physical / Medical / Mental Health

☐ Stress Management ☐ Communication

☐ Social Interactions / Relationships ☐ Focus / Attention to Task

☐ Productivity / Work Pace ☐ Safety / Environmental Awareness

☐ Transportation Resources ☐ Personal Grooming / Hygiene

☐ Attendance / Punctuality / Time Management ☐ Initiative / Motivation to Work

☐ Other (specify): _____

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## EMPLOYMENT TRAINING PROGRAM

# Vocational Development Plan

***Name:*** _____ ***TABS ID #:*** _____

**Instructions:** SEMP Staff / Manager should complete as much of this chart as possible prior to ETP Supervisor review.

| **Identified challenge area** | **Service/Activity Recommended** |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

**ATTACH ADDITIONAL INFORMATION IF NEEDED**

**Plan completed by:**

**Name:** _____ **Title:** _____

**Signature:** _____

**Agency:** _____ **Date:** _____

***Name:*** _____ ***TABS ID #:*** _____

# PLANNING MEETING SUMMARY

*To be completed by Circle of Support Meeting facilitator*

**Date of meeting:** _____

**Attendees:**

| Name | Relationship to Individual |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Summary of meeting:**

**Signature:** _____ **Title**: _____

**Date:** _____

Cc: Individual, Care Manager, Support Staff, Other