

Office for People With Developmental Disabilities

## EMPLOYMENT TRAINING PROGRAM Job Development Plan

Name: \_

TABS ID #: \_\_\_\_\_

# JOB DEVELOPMENT PLAN

**<u>PURPOSE</u>**: To research and consolidate the pertinent information related to an individual's employment related needs and qualifications **before** approaching businesses to develop a placement. By having this information, the Job Developer will be able to provide targeted job development at businesses who have positions that meet the individual's skill, ability, preference, experience, schedule, transportation, environmental, cultural, and support needs. The Job Developer will be prepared to negotiate any necessary customization to positions so that they meet the individual's needs. With the focus and strategies provided by this plan, the Job Developer is more likely to create effective job matches. The Job Developer should approach businesses the provider currently has relationships with as well as new businesses to build new relationships. Targeted job development is best accomplished by directly contacting businesses to develop placement opportunities. **Do not just focus on completing online applications.** The SEMP Manager should provide oversight and guidance throughout job development.

**INSTRUCTIONS:** Review Discovery documents and follow up as needed to fill out each section below with detailed, individualized information. Review the plan with the individual, the Job Developer, the SEMP Manager, and any other staff or stakeholders that support the individual for approval, and collect signatures on page 6. This plan should be available to anyone supporting the individual with any part of their job development.



| Name | : TABS ID #:  |
|------|---|
| 1.   | List the 2 career areas and possible positions that will be the focus of Job Development:       |
|      | a. Career Area 1:   |
|      | i. Positions:   |
|      | b. Career Area 2:   |
|      | i. Positions:   |
|      | List the hard skills <b>demonstrated</b> in previous employment or volunteer activities by the  |
|      | individual that support success in each career area: (examples: clerical, money handling,       |
|      | mechanical, and/or cleaning skills)   |
|      | a. Career Area 1:   |
|      | b. Career Area 2:   |
| 3.   | List the soft skills <b>demonstrated</b> in previous employment or volunteer activities by the  |
|      | individual that support success in each career area: (examples: ability to focus, attention to  |
|      | detail, work pace, social skills)   |
|      | a. Career Area 1:   |
|      | b. Career Area 2:   |
| 4.   | List any other factors that explain why these career areas are a good match for the individual: |
|      | (examples: previous experience, strong interest, personal traits, transferrable skills)         |
|      | a. Career Area 1:   |
|      |   |
|      | b. Career Area 2:   |
|      |   |
|      |   |



TABS ID #: \_\_\_\_\_

5. List and describe the factors that create an ideal workplace culture for the individual: (examples: team structure, set routine, clear expectations, flexible supervisor)

6. List and describe the factors that create an ideal workplace environment for the individual: (examples: lighting, noise level, crowded, inside/outside)

7. Fill in the individual's weekly availability:

| Day  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|--------|---------|-----------|----------|--------|----------|--------|
| From   |        |         |           |          |        |          |        |
| Until  |        |         |           |          |        |          |        |
| List any times, days, or dates that the individual is NOT available to work and why: |        |         |           |          |        |          |        |
|  |        |         |           |          |        |          |        |
|  |        |         |           |          |        |          |        |

8. Transportation information:

| a. | Available Mode(s): _    |  |
|----|-------------------------|--|
|    |                         |  |
| b. | Travel radius / area: _ |  |
|    |                         |  |
| c. | Travel restrictions:    |  |
|    |                         |  |



Name:

9. List potential employers that meet the criteria for success listed in 1-8 that the SEMP Agency or individual has an established relationship with:

| Business | Career Area<br>(1 or 2) | Location |
|----------|-------------------------|----------|
|          |                         |          |
|          |                         |          |
|          |                         |          |
|          |                         |          |
|          |                         |          |
|          |                         |          |

10. List potential employers that meet the criteria for success listed in 1-8 that the SEMP Agency can contact to develop new relationships:

| Business | Career Area<br>(1 or 2) | Location |
|----------|-------------------------|----------|
|          |                         |          |
|          |                         |          |
|          |                         |          |
|          |                         |          |
|          |                         |          |
|          |                         |          |

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|------------------------------|--|
|                              | Job Development Plan   |
| Name:                        | TABS ID #:   |
| 11. List                     | and describe vocational gaps in the following areas that could create barriers to success in   |
| the o                        | chosen careers or with the potential employers:  |
| â                            | a. Hard Skills:  |
| l                            | o. Soft Skills:  |
| (                            | c. Workplace Culture:  |
| (                            | d. Workplace Environment:  |
| (                            | e. Schedule / Availability:  |
| t                            | Transportation:  |
| 12. List                     | any other potential barriers to successful employment:   |
|                              | all supports that will address the gaps and barriers described in 11 & 12 and how each port plans to address them both on and off the job: |
| List                         | specific Job Coach Supports:   |
| Othe                         | er Supports:   |
| 14. List                     | any employment conditions or environments that are non-negotiable to the individual:   |
|                              |  |



| N | ame: |
|---|------|
|---|------|

| TABS ID #: _ |  |
|--------------|--|
|--------------|--|

Once the Job Development Plan is complete, review it with the individual, the Job Developer, and the SEMP Manager and sign below.

#### I contributed to, reviewed, and approve of this plan:

#### Individual:

| Print / Type                                   | Sign   | Date      |
|--|--|-----------|
| Plan Preparer:                                 |  |           |
|  |  |           |
| Print / Type                                   | Sign   | Date      |
| <b>Business Relationship Manager / Job Dev</b> | eloper:  |           |
| Print / Type                                   | Sign   | Date      |
| SEMP Program Manager:                          |  |           |
| Print / Type                                   | Sign   | Date      |
| Agency:  |  |           |
| Date Job Development could begin:              |  |           |
| Agency staff are available to provide          | hours of job development each month.           |           |
| Submit the Job Development Plan to             | an ETP Supervisor for review and final approva | <u>l.</u> |
| ETP Supervisor Approval:                       |  |           |

Print / Type