IEP Review/Follow Up

Participant's Host Agency Training Progress

(Conducted with Host Agency Supervisor)

Date: _____

PARTICIPANT:	HOST AGENCY:	HOST AGENCY REPRESENTATIVE:

1. Progress of participant: *(In meeting training objectives, technical assistance referral, special training, assignment difficulties, etc.)*

Have the training needs of the participant been met? ☐ YES ☐ NO

If NO, what are the reasons for not meeting these needs?

_____

New training objectives	Estimated Completion	Follow up Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCSEP Participant has been determined to be job ready based on current labor market skill set and will now be required to submit four job searches per pay period.

Date participant became job ready _____ Date of first pay period job searches are to be submitted _____

Can this training be accomplished at this Training Site (Host Agency)? ☐ YES ☐ NO

If NO, what are the recommendations of the Training Site supervisor?

_____

2. Explain enrollee's potential for unsubsidized employment.

_____

a. Placement with current Host Agency:

Is there a likelihood of hiring this participant? ☐ YES ☐ NO If YES, what is hire date? _____

Has a Letter of Intent been prepared and submitted? ☐ YES ☐ NO

b. Placement with employer(s)? _____

c. Would the enrollee's best interest be served by training with another Host Agency? ☐ YES ☐ NO

3. Summarize the progress made by the participant in meeting employment objectives. *(Include progress made in overcoming employment barriers or difficulties.)*

4. Explain the community benefits/services provided by the participant's assignment to this Host Agency, which would not have been possible otherwise.

_____

Conclusion/Results

Next IEP intermediate follow up date _____

Host Supervisor's Signature	Date	Project Staff's Signature	Date