|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Individual Placement and Support Job End Report** |

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|  |
| Customer Name:  CRP Agency Name: |

## Information about the Job

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title: |  | Start Date: | |  |
| Employer: |  | | Job End Date: |  |
| Was there disclosure? |  | | Benefits? |  |
| Date Employment Specialist met with customer after job loss: |  | | Rate of Pay: | $ |

## Reason for Job End

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quit for a better job  Quit- illness related  Quit for another reason Terminated | | | | |
| Customer’s perspective regarding job end: |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Staff comments regarding job end: |  | | |  |
|  |  | | |  |
|  |  | | |  |
| Employer comments: |  | |  |  |
|  |  | |  |  |
| Types of supports provided: |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| What did the person like/dislike about the position? |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |

## Next Steps

|  |  |  |  |
| --- | --- | --- | --- |
| Does the person wish to find another job? Yes No Unsure at this time | | | |
| If so, what kind? |  | |  |
|  |  | |  |
|  |  |  |  |
| Customers preferences regarding disclosure  on the next job: |  | | |
|  |  | | |

Next Steps:

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|  |  |

\*Reminder: Employment Specialist should meet with customer within three days of job loss.

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Signature of Employment Specialist Date