

## Purpose

This helps to describe how you and the Participant will work together to implement strategies you've identified for job retention.

Job placement track:  Track 1  Track 2  Track 3

Participant's name:

Expected retention date:

VR counselor's name:

Contractor's name/company:

Employer's name/address:

IPE employment goal:  
Participant's work hours, per week:

## Optimal environment/conditions

Describe the optimal workplace environment and conditions, for this Participant and how you will implement the job retention strategies identified.

## Strategies

Describe the *specific* strategies for retaining this Participant's Competitive Integrated Employment, including, but not limited to:

How would the Participant like their disability to be disclosed to the employer?  
Participant signed release:  Yes  No

## Participation expectations

What will be the expectations for this Participant's involvement/engagement in the job retention process? (*What are the VRC and Job Developers expectations for the Participant's involvement/engagement in the job retention process?*)

Activity	Independent? Assisted?	If assisted, (by which team members?)
1.	<input type="checkbox"/> I <input type="checkbox"/> A	
2.	<input type="checkbox"/> I <input type="checkbox"/> A	
3.	<input type="checkbox"/> I <input type="checkbox"/> A	
4.	<input type="checkbox"/> I <input type="checkbox"/> A	

## Communication

Describe the plan for Participant and team during the retention process. Type of communication, frequency of communication, response, turn-around times, etc.

Most effective way to communicate with:

Participant:

Provider (*if applicable*):

## Retention planning

Describe strategy for long-term retention, including:

Have barriers and other issues at the time of referral been addressed?

If not, please explain:

Transportation strategy increasing participant's independence to and from the worksite: (*e.g.: Travel planning – Ride Wise, LIFT*)

Discuss job coaching, natural supports, and/or long-term support needs. If applicable, identify long-term support provider:

Additional Comments:

I, \_\_\_\_\_, accept these services and strategies, as agreed upon, by my contracted Job Developer.

\_\_\_\_\_  
**Participant signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**VR counselor signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contractor signature**

\_\_\_\_\_  
**Date**

*Please give copies of completed document to all team members*