

PLACEMENT PLUS SERVICE PLAN (P3-3)

Consumer:	SSN #: XXX-XX-	Service Provider:
QRP/Counselor:	Job Developer:	Work Incentive Counseling

I have chosen the following Objectives and Strategies for achieving these Goals:

Vocational Goal as stated in IPE:

Preferred Work Schedule:	Full time	Part time
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The Service Plan is a person centered approach and plan to identify the vocational goal, objectives, time frames, and persons responsible for achieving goals. The Service Plan also identifies potential barriers to employment and projected risks and will address a customized plan including strategies and training on how to reduce or eliminate the barriers and identified risks to assist in achieving their employment goal.

1. Communication Objectives:

Strategies:

Person(s) Responsible:	Time Frame:
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Outcome: Goal Met Goal Not Met Continuing to Work Toward Goal
For the Final Report, provide explanation for any goal(s) not achieved:

2. Workplace Demeanor Objectives:

Strategies:

Person(s) Responsible:	Time Frame:
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Outcome: Goal Met Goal Not Met Continuing to Work Toward Goal
For the Final Report, provide explanation for any goal(s) not achieved:

3. Teamwork Objectives:

Strategies:

Person(s) Responsible:	Time Frame:
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Outcome: Goal Met Goal Not Met Continuing to Work Toward Goal
For the Final Report, provide explanation for any goal(s) not achieved:

4. Problem Solving & Critical Thinking Objectives:

Strategies:

Person(s) Responsible:

Time Frame:

Outcome: Goal Met Goal Not Met Continuing to Work Toward Goal
For the Final Report, provide explanation for any goal(s) not achieved:

5. Professional Objectives:

Strategies:

Person(s) Responsible:

Time Frame:

Outcome: Goal Met Goal Not Met Continuing to Work Toward Goal
For the Final Report, provide explanation for any goal(s) not achieved:

6. Job Seeking Objectives:

Strategies:

Person(s) Responsible:

Time Frame:

Outcome: Goal Met Goal Not Met Continuing to Work Toward Goal
For the Final Report, provide explanation for any goal(s) not achieved:

7. Basic Skills Objectives:

Strategies:

Person(s) Responsible:

Time Frame:

Outcome: Goal Met Goal Not Met Continuing to Work Toward Goal
For the Final Report, provide explanation for any goal(s) not achieved:

Summary of Job Readiness Skills Training Conducted

Module (Soft Skills)	Lesson	Hours Utilized

I affirm that I have exercised my right of informed choice in the development of my Service Plan and, understand that following through with all assignments and responsibilities is essential to achieving my goals

Consumer Signature:	Service Provider Signature:	
DOR Counselor Signature:	Parent/Guardian Signature:	Date:

NOTICE: This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.