

Monthly Temporary Outlier Job Coaching Fading Plan

SAMPLE

Name of Member:

Supported Employment Agency:

Lead/Primary Job Coach Name:

Lead/Primary Job Coach Cell Phone & Email Address:

Employer Name and Address:

Supervisor Name:

Hours Worked Per Week:

Length of Time on Job:

Results of Member's Most Recent Employee Performance Evaluation or Most Recent Feedback from Supervisor at Work:

Weekly Hours of Direct Job Coaching:

Fading Achieved during the Last Month (please describe):

If no fading achieved, please explain:

Weekly Hours of Indirect Job Coaching:

Fading Achieved during the last month (please describe):

If no fading achieved, please explain:

Plan for Fading during Next Monthly Period:

1. Amount of fading that will be focused upon for the next month:

2. Intermediate steps (barriers to be reduced, if necessary) for achieving the targeted amount of fading:

3. Job coaching method(s) that will be used to achieve fading (describe in detail):

Plan Prepared By:

Date: