

## Partners with Business Support Plan

Employee Name:

Employee Job Title:

Name of Business/Employer:

Direct Supervisor's Name:

Phone:

Email:

Supported Employment (SE) Agency:

SE Agency Contact Person:

Phone:

Email:

### **Work schedule:**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start time							
Break time							
Lunch time							
End time							
Total work hours							

### **Description of the Supported Employee's Strengths, Learning Style, and Support Needs:**

Workplace strengths and skills demonstrated on the job:

Learning style and effective instructional techniques to use:

Workplace support needs:

**Description of Informal/Natural Supports on the Job:**

**Co-Worker(s) Designated to Provide Direct Supports:** (add additional if more space is needed)

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Description of Supports Provided - when/for which task(s) this coworker will assist and how: \_\_\_\_\_

Duration of time spent providing formal supports each shift:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Monthly Partners with Business *Plus* reimbursement amount: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Description of Supports Provided - when/for which task(s) this coworker will assist and how: \_\_\_\_\_

Duration of time spent providing formal supports each shift:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Monthly Partners with Business *Plus* reimbursement amount: \_\_\_\_\_

**Supported Employment Agency Responsibilities:**

Describe the responsibilities the Supported Employment Agency will have with the employer and the supported employee (e.g. co-worker training, frequency of check-ins and support plan reviews, back up supports, formal job coaching, etc.):

**Additional Notes/Considerations:**

**Emergency Contact:**

First emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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Support Plan Completed by:

Date:

[Attach Partners with Business Agreement]