**Purpose:** For a Supported Employment service provider to document the amount and type of formal workplace supports a member needs to determine if additional systematic instruction, natural supports development, or assistive technology could be implemented before negotiating Partners with Business paid coworker supports with an employer.

**Directions:** Supported Employment service provider should observe and document the supports provided to the member during 2-3 different shifts. If the member receives support from more than one job coach, involve at least two coaches in the analysis to test reliability. Documentation should include:

1. The member’s job tasks.
2. The time of day the coach provides the support.
3. The type of the support needed (T = task related, B = social/emotional/behavioral related, or P = health/safety/personal care related).
4. The specific intervention/support the coach provides.
5. How long that intervention/support lasts (in minutes).
6. Potential coworkers or supervisors in available/in proximity who could provide that support.

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| **Member Name:**  | **Member’s Job Title and Employer:**  |
| **Days and Hours the Member Works Each Week:**  |
| **Date Analysis Submitted:**  | **Supported Employment Agency:**  |
| **Name, Phone and Email of the Person Completing this Analysis:**  |

**Observation 1 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Task Member is Performing** | **Time the Support is Provided** | **Type of Support Needed (T, B, or P)** | **The specific Intervention/Support that is Provided** | **Duration of Intervention/Support (in minutes)** | **Potential Coworkers/ Supervisors Available**  |
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*Add additional rows if needed*

**Observation 2 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a different coach than observation 1? ☐ Yes ☐ No**

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| **Task Member is Performing** | **Time the Support is Provided** | **Type of Support Needed (T, B, or P)** | **The specific Intervention/Support that is Provided** | **Duration of Intervention/Support (in minutes)** | **Potential Coworkers/ Supervisors Available**  |
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*Add additional rows if needed*

**Observation 3 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a different coach than observation 1 and 2? ☐ Yes ☐ No**

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| **Task Member is Performing** | **Time the Support is Provided** | **Type of Support Needed (T, B, or P)** | **The specific Intervention/Support that is Provided** | **Duration of Intervention/Support (in minutes)** | **Potential Coworkers/ Supervisors Available**  |
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*Add additional rows if needed*

**Did you find opportunities to provide additional opportunities to provide or improve systematic instruction, develop natural supports, or incorporate assistive technology? Describe what you found, the strategies you will implement and timeframe you will implement them.**

Click or tap here to enter text.

**Did you identify coworkers or supervisors who could potentially provide formal support to the member (i.e. supports that would be above and beyond what is typically provided by coworkers and supervisors in this workplace)? Describe who could provide support, when they would provide the support, and the duration of the support.**

Click or tap here to enter text.