

Name of Individual:

New Jersey Department of Human Services Division of Developmental Disabilities www.nj.gov/humanservices/ddd



Supported Employment Services – Pre-Employment Service Log

Applicable ISP Outcome(s):									
Total hours of SE Services:		Reporting Period Start Dat	te: Reporting Period E	Reporting Period End Date:					
	Comp	leted By:							
				Activity Conducted	(Include details such as name of business,	-			
Dates o	of SE Services	# of	Hours	(Select from drop down menu)	assessments, areas in need of follow up, etc.)	toward his/her outcomes?			
Date:		Start:							
SE Professional:		End:							
		Total:							
Date:		Start:							
SE Prof	fessional:	End:							
		Total:							
Date:		Start:							
SE Prof	fessional:	End:							
		Total:							
Date:		Start:							
SE Prof	fessional:	End:							
		Total:							

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Dates of SE Services	# of Hours	Activity Conducted (Select from drop down menu)	What was done related to the activity (Include details such as name of business, contact information, locations of situational assessments, areas in need of follow up, etc.)	How did this activity assist the job seeker in progressing toward his/her outcomes?
Date:	Start:	(γ, ,	•
SE Professional:	End:			
	Total:			
Date:	Start:			
SE Professional:	End:			
	Total:			
Date:	Start:			
SE Professional:	End:			
	Total:			
Date:	Start:			
SE Professional:	End:			
	Total:			
Date:	Start:			
SE Professional:	End:			
	Total:			