



Supported Employment Services – Intervention Plan and Service Log

Name of Individual: _____ Employer: _____

Type of job (brief description of the work generally performed by the individual): _____

Applicable ISP Outcome(s): _____

Total Hours of SE Services: _____ Reporting Period Start Date: _____ Reporting Period End Date: _____

Completed By: _____

What is the standard required? (Only include those standards that are not met or are in need of improvement)	How does the employee currently perform the tasks, actions, areas related to these standards?	What is being done to address the identified issues? (Include individual(s) responsible for the plan)

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Dates of SE Services		# of Hours		What SE services were provided during this visit?	How is the employee progressing toward his/her outcomes and meeting the standards that have been identified above?
Date:		Start:			
SE Professional:		End:			
		Total:			
Date:		Start:			
SE Professional:		End:			
		Total:			
Date:		Start:			
SE Professional:		End:			
		Total:			
Date:		Start:			
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