# WORKSITE ACTIVITY NOTES

|  |  |
| --- | --- |
| **Employee Name:**  |  |
| **Employer:**  |  |
| **Worksite Activity**: *What did you do or observe while this employee was working?* |
| **Purpose:**  *Reason for activity.* |
| **Results:** *What did you learn about: employee, employer, employment site, and/or resource?**♦What did you learn about the type of work employee does in this company? The culture of the company? The people? ♦How does this job match (or differ from) the employee’s interests, skills, preferred characteristics of a job?. ♦What is the Employee’s progress on the job toward their goal of independence? ♦What did you learn from this activity?* |
| **Next Steps:** *Time and date of next activity. What else needs to be explored?**♦What are plans for continued supports? What will the supports be? ♦Will the employee need further assistance from OVR prior to closure of case? (i.e. rehab tech). ♦What are plans for fading? How will this take place?* |

|  |  |
| --- | --- |
| Signature of ES: |  |
| Print Name of ES: |  |
| SE Provider Name:  |  |
|  OVR Counselor Name: |  |
| Date:  |  |
| Total Time Spent: |  |

\*\* This note is to be used Day 1 through Day 90 of employment.  Send to VR Counselor by the 5th of each month.