

OnTrack Team IPS SUPERVISION LOG

Date of Supervision: _____

I. NEW CLIENTS (since last supervision)

Client Name	Date of 1st contact*	PLAN
1.		
2.		
ETC.		

*1st face to face contact with employer or with education personnel by SEES or consumer

II. CONTINUING CLIENTS

Client Name	Status*	UPDATE AND PLAN
1.		
2.		
3.		
4.		

5.		
6.		
7.		
8.		
9.		
10. and etc.		

***For status, W if working; S if in school; L if still looking; H if in hospital.**

III. OUTCOMES

- A. Total # of consumers: _____
- B. # working _____
- C. # in school _____
- D. D. What percentage of SEES's time in the last two weeks was focused on employment and education activities? _____%
- E. Did team leader or state trainer accompany the SEES out in the field for job development and/or additionally as needed for other areas needing support in the last two weeks?
- If yes, please list date(s): _____
- F. What percentage of SEES's time in the last two weeks was spent in the community?
_____ %

IV. QUARTERLY GOAL SETTING AND MONTHLY REVIEWS

Quarterly Goals: Complete during first supervision in January, April, July and October	
<p>1. # of people in work or school during past month: _____</p> <p>What are your goals for this quarter (concrete goals such as increasing the number of people in work or school by X; making Y more employer contacts, etc.)?</p>	<p>Strategies to reach goal:</p>

Monthly review: Completed during first supervision in February, March, May, June, August, September, November, and December

Progress towards reaching goals:

Any changes in strategies?

Signature of Supported Education & Employment Specialist: _____ Date: _____

Signature of Supervisor: _____ Date: _____