



Employment Support Plan

Work with the person you support to complete this form. Together, you can document specific, tailored employment supports. Some examples of employment supports include:

- job coaching
- transportation
- skill development
- self-management strategies

Focus on using natural workplace supports. Aim to gradually reduce direct, on-site, paid supports as the person you're working with develops competence, confidence, belonging, and independence.

For each category, use the Notes column to name the specific supports and the person who will assist with those supports.

Use this document before and during employment to maximize the person's vocational success. Revise and update it regularly and modify or adapt it as needed.

| | |
|--|--|
| Name of Employee: | |
| Job Title: | |
| Start Date: | |
| Name of Employer: | |
| Website/Social Media: | |
| Supervisor Contact Information: | |
| Work Schedule: | |
| Wage: | |
| Transportation to Work: | |
| Other: | |

| Natural Supports | Notes: |
|-----------------------------------|--------|
| Onboarding and Training Materials | |
| Employee Assistance Programs | |
| Mentorship | |
| Supervision | |
| Coworker Interactions | |
| Social Inclusion/Belonging | |
| Workflow Procedures | |
| Performance Reviews | |
| Other: | |
| Other: | |
| Other: | |

| Staff/Community/Personal Supports | Notes: |
|---|--------|
| On-site Support/Job Coaching | |
| Consistent Contact with Employer | |
| Transportation | |
| Vocational Counseling/Off-site Support | |
| Work Preparation (grooming, hygiene, laundry) | |
| Financial Planning/Benefits Management | |
| Therapy Services | |
| Case Management | |
| Assistive Technology | |
| Communication with Residential/Family | |
| Other: | |
| Other: | |
| Other: | |

| Self-Management Supports | Notes: |
|------------------------------|--------|
| Checklists | |
| Reminders | |
| Alarms | |
| Schedule/Calendar Management | |
| Other: | |
| Other: | |
| Other: | |

| Summary | Notes: |
|--|--------|
| Summary of support to be provided by agency: | |
| Summary of support to be provided by residential: | |
| Summary of support to be provided by family: | |
| Summary of support to be provided by other resources (state agency, therapist, peers, employer, etc.): | |
| What are the current support gaps and barriers? | |
| What is the plan to overcome them? | |

Signatures

Consumer _____

Agency Staff _____

Others in support roles:

Date: _____

For more information, contact: EmploymentFirstMA@umb.edu