

**SAMPLE**  
**Supported Employment-Individual: Exploration Service Report Template**

**1. Participant Information**

Name:

Case #:

Address:

Support Coordinator:

**2. Exploration Provider Information**

Agency:

Exploration Facilitator Name (if more than one person, list all names):

Primary Contact (Lead Exploration Facilitator):

Cell Phone:

Email:

Date Authorization for Exploration Service Received:

**3. Background Information** (Complete as one of very first Exploration activities; Use to inform remainder of Exploration process)

**A. Who helps the individual consider options and make decisions about what goals to pursue?** *(In other words, who else must be supportive of the individual choosing to pursue integrated work in order for the goal of integrated work to be achieved?)*

<b>Key People to Educate/Engage During Exploration Service</b>	<b>Name(s) and Contact Information</b>
Legally Appointed Guardian	
Designated Representative to Assist with Medicaid-Related Decisions	
Other Family Members Who Are Very Involved with Individual	
Other Friends Who Are Very Involved with Individual	

**B. Individual's Current Situation**

<b>Current Weekday Activities and Schedule</b>	
<b>Current Weekend Activities and Schedule</b>	
<b>Prior Experience with Paid Work or Work Experience/Sampling</b> <i>(Include dates/duration for each prior experience)</i>	
<b>Volunteering History/Experience</b> <i>(Include dates/duration for each prior experience)</i>	
<b>Chores Consistently Done</b> <i>For Family/Friends/Neighbors/Etc.</i>	
<b>Strong Interests, Skills, Talents, Hobbies</b> <i>(To build on during Exploration service)</i>	
<b>Benefits Currently Received</b>	

**4. Exploration Service Log**

Date Service Started:

Date Service Completed:

*Complete a separate line for each distinct Exploration activity.*

Date of Service	Activity and Location	Time Spent Completing Activity (including Travel Time with Individual)	Staff Travel Time (without Individual) Associated with Activity	Staff Miles Driven (during travel with and without the Individual)

*Add more rows if needed.*

**5. Individual and Allies' Views About the Value of Individualized Integrated Employment**

<b>Key People Engaged During Exploration Service</b>	<b>Positive Views About Individualized Integrated Employment Upon First Meeting (List All)</b>	<b>Positive Views About Individualized Integrated Employment Upon Completion of Exploration Service (List All)</b>
Individual	1. 2. 3.	1. 2. 3.
Legally Appointed Guardian	1. 2. 3.	1. 2. 3.
Designated Representative to Assist with Medicaid-Related Decisions	1. 2. 3.	1. 2. 3.
Other Family Members Who Are Very Involved with Person	1. 2. 3.	1. 2. 3.
Other Friends Who Are Very Involved with Person	1. 2. 3.	1. 2. 3.

**6. Addressing Individual and Allies' Need for Accurate/Additional Information to Address Concerns and Hesitations**

<b>Key People Engaged During Exploration Service</b>	<b>Describe Identified Needs for More Information and/or Correction of Misinformation to Address Concerns/Hesitations Related to Employment</b>	<b>Describe How Each Identified Need Listed in the Previous Column was Addressed Through the Exploration Service</b>
Individual	1. 2. 3.	1. 2. 3.
Legally Appointed Guardian	1. 2. 3.	1. 2. 3.
Designated Representative to Assist with Medicaid-Related Decisions	1. 2. 3.	1. 2. 3.
Other Family Members Who Are Very Involved with Person	1. 2. 3.	1. 2. 3.
Other Friends Who Are Very Involved with Person	1. 2. 3.	1. 2. 3.

**7. First-Hand and Hands-On Experiences Offered in Exploration Service**

Individual's Identified Interest or Skill	Describe Real Experiences the Individual Had to Observe or Participate in Integrated/Supported Employment During the Exploration Service	Describe individual's reaction: positive; neutral or negative. If positive or negative reaction, note why. If individual demonstrated specific skills during the experience, note these.

Add more rows as needed. List all first-hand or hands-on experiences individual participated in during Exploration process.

**8. Summary Data on Exploration Service**

Question	YES	NO	COMMENTS
1. Did the individual and key allies receive basic work incentives information?			
2. Was the individual and key allies provided information on how to get additional assistance with work incentives/benefits questions?			
3. Did the individual and key allies receive basic information on Supported Employment and how the service works?			
4. Did the individual get opportunity to meet and observe a peer who is successfully working in individualized Supported Employment?			
5. Did the individual's allies get opportunity to talk with the parent, guardian or involved family member of someone else with a disability successfully working in individualized Supported Employment?			
6. Did the individual and key allies receive basic information and education on MRS services?			
7. Was the individual (and guardian if applicable) given information on how and when to apply for MRS services, and offered assistance if needed, with applying for MRS services?			

**9. Outcomes of Exploration Service**

Question	YES	NO	If Yes, Any Non-Negotiables to Keep in Mind? If No, What are Primary Reasons Why?
1. Is the individual open to pursuing individualized Integrated Employment?			
2. Is the Guardian (if applicable) open to the individual pursuing individualized Integrated Employment?			
3. Are other critical allies in the individual's life open to the individual pursuing individualized Integrated Employment?			

A "Non-Negotiable" is a condition that must be met if the individual pursues individualized Integrated Employment.

**10. Next Steps**

What are the recommended next steps for this individual?	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
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Date Submitted to Support Coordinator:

Name of Exploration Facilitator Who Authored This Report:

Signature of Exploration Facilitator Who Authored This Report:

Report Received by (Name):

Report Reviewed for Adequacy and Approved by (Name):

Date Report Approved: