Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**Job Shadow Report**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service.

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| Report Month | Report Year (YYYY)     |
| Consumer IRIS Number (9 Digits)      | Service Provider Name (10-Character Abbreviation)      |
| Consumer Name (As Listed on Purchase Order)      | Service Authorization Date (MM/DD/YYYY)      |

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| Report Date      | Report Author      |
| Date of Job Shadow      | Purchase Order (PO) Number      |
| Duration of the Job Shadow       | Accompanied or Non-Accompanied Job Shadow?      |
| Job Shadow Site/Address      | Title and Name of Position Shadowed      |

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| **Summary of Job Shadow Information** |
| Job description and wage (if known)      |
| Level of supervision required for the position.      |
| Level of interaction required for position (public, coworkers, etc.)      |
| Provider observations of the position.      |
| Training/education required for the position.      |
| Opportunity for employment for position?      |

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| **Summary of Consumer Progress** |
| Feedback on consumer's level of preparedness and engagement (hygiene, dress, etc.).      |
| Consumer's perspective of the position.      |
| Describe consumer strengths that match the position.      |
| Did the job shadow influence the consumer toward a career path?      |
| Were there any barriers that were observed that would prevent the consumer to move forward in the position?      |
| Possible accommodations to address.      |
| How did the consumer engage with the employer?      |
| What were some observations of the consumer's actions, behaviors, mannerisms, etc.?      |
| If this position was not a good fit for the consumer, please explain why.      |

**\*\*\*A copy of the informational interview questions and responses gathered by the consumer/job developer as part of the job shadow is required to be attached prior to payment.**

**Please add any additional information after this line.**