Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**Job/Task Analysis and Systematic Instruction 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 and submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

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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)      |
| Hourly Systematic Instruction | Provided as a support with the following services:[ ]  Internship/Temporary Work[ ]  Job Preparation and Development[ ]  Student Work Based Learning[ ]  On-The-Job Training |
| Monthly Systematic Instruction | Provided as a support with the following services:[ ]  Customized Employment[ ]  Individual Placement and Support[ ]  Supported Employment[ ]  Partners with Business |
| Report Date      | Report Author      |
| Purchase Order (PO) Number      |
| Counselor/DVR Staff Contact Name      | Start Date      |
| Consumer Work Location Name      | Immediate Work Supervisor Name/Contact      |
| Consumer Work Location Address      | Backup Name/Contact      |
| Current Wage      |
| Job Title      | Has the wage changed? [ ]  Yes [ ]  NoIf Yes, how?       |
| Schedule      | Has the Schedule changed? [ ]  Yes [ ]  NoIf Yes, how?       |

**General Information**

The Job and Task Analysis are to be completed and submitted to DVR within 7 days of the start date or if possible before the DVR consumer/ employee starts the position. If any information changes in these initial sections of the report, it can be updated as the consumer progresses and more information is gathered. The service summary is updated on a monthly basis and sent to DVR as a record of service and consumer progress.

**Job Analysis**

**Instructions:** This section is used to capture information about the worksite and the major tasks of the position. The Provider should pay close attention to how the tasks are typically performed, any accommodations, and technology or specialized training strategies that should be employed with the new employee. This service requires the job coach to observe and perform the job tasks to complete the analysis.

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| Describe the worksite environment and include relevant information for the consumer about work time entry and exit procedures, work pacing, noise, temperature, work and break schedules, dress code, employee communications and expectations.      |
| Describe the job and separate tasks that make up the job. Also identify which tasks will likely need instruction. (e.g., consumer has difficulty communicating with customers, may need suggestion prompts). Use this information when completing the breakdown of individual tasks in the next section      |
| Describe consultation with the employer and/or co-workers (For example, Who was observed? Who was consulted?)      |
| Identify Quality measures/standards and current levels of performance used by the Employer(That is, speed, accuracy, pacing, task learning, other) Example: Employees are expected to pack 1 box per minute, place the label in the correct location on the box, retrieve and maintain necessary supplies to complete the work.      |
| Include any recommendations for work site or job modifications/assistive technology/accommodations.      |

**Task Analysis**

**Instructions:** Attach to the report any available Job/Task Analysis or Position Description provided by the Employer. Use the information from the Job/Task Analysis to provide the basis for additional detail about how the consumer will be instructed. Add pages as needed.

**Breakdown of Individual Tasks**

**Instructions:** Using the strategies identified below describe the tasks, your approach or approaches for each part of the job where systematic instruction is necessary for the consumer to learn and perform the entire job.

**Example:** If you listed three (3) major tasks above in the description of the job and tasks in the section above where the consumer requires additional support, fill out three sections breaking down the individual tasks .

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| **Possible Instructional Strategies** |
| * **Direct Verbal Cue**: Directions that provide exact, specific instruction which are spoken to the consumer.
* **Gestures**: Physical movements used to encourage the start, continuation, or end of an action.
* **Indirect Verbal Cue**:A spoken suggestion that cues the consumer to perform a task and can include

questions (Example – "What is the next step?"). * **Modeling**:Demonstrating a task or task sequence to a consumer.
* **Natural Supports**:Using existing work strategies that can involve assistance from people (co-workers,

supervisors, etc.), procedures, customs, tools, and other benefits. * **Pictures/Written Instructions**: Any writing or graphic used to provide reminders of steps or sequences.
* **Prime**: Hand-over-hand physical assistance to help complete a task.
* **Prompt**: Brief or intermittent physical assistance to cue or guide the completion of an action.
* **Shadow**: Following or observing the consumer to identify instruction needs.
* **Systematic Instruction**: Using a task process or step-by-step list to establish a work routine.
* **Visual Cue**: Changing or modifying the appearance of work equipment by labeling, coloring, tagging, or

 numbering. |

If a task requires more steps, please attach information on a separate page.

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| Name of task where instruction is needed      |

| **Steps Re****quired to Complete Task** | **Natural Cues and Instructional Strategies Identified** |
| --- | --- |
| 1.       |       |
| 2.       |       |
| 3.       |       |
| 4.       |       |
| 5.       |       |
| 6.       |       |

|  |
| --- |
| Name of task where instruction is needed      |

| **Steps Required to Co****mplete Task** | **Natural Cues and Instructional Strategies Identified** |
| --- | --- |
| 1.       |       |
| 2.       |       |
| 3.       |       |
| 4.       |       |
| 5.       |       |
| 6.       |       |

|  |
| --- |
| Name of task where instruction is needed      |

| **Step****s Required to Complete Task** | **Natural Cues and Instructional Strategies Identified** |
| --- | --- |
| 1.       |       |
| 2.       |       |
| 3.       |       |
| 4.       |       |
| 5.       |       |
| 6.       |       |

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| --- |
| Name of task where instruction is needed      |

| **Steps Required to** **Complete Task** | **Natural Cues and Instructional Strategies Identified** |
| --- | --- |
| 1.       |       |
| 2.       |       |
| 3.       |       |
| 4.       |       |
| 5.       |       |
| 6.       |       |

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| Name of task where instruction is needed      |

| **Steps** **Required to Complete Task** | **Natural Cues and Instructional Strategies Identified** |
| --- | --- |
| 1.       |       |
| 2.       |       |
| 3.       |       |
| 4.       |       |
| 5.       |       |
| 6.       |       |

**Service Summary**

**Instructions:** Update the section below with updated information for the period. If you need to add more information, please attach on a separate page.

**List of Dates/Names and Skill Instruction Hours Provided**

| Date | Hours | Total Hours | Name of Instructor | Description of SI Strategies Provided |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |
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**Service Summary Monthly Narrative**

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| Has the consumer made progress using the strategies you identified? Why or why not?      |
| Describe communication with the employer and any feedback received:      |
| Does the consumer need other types of support? (That is, time management, communication, work attire, behavior)      |
| Dates scheduled for progress meetings (if applicable)      |

**Plan for Fading of Supports**

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| What natural supports have been developed?       |
| Has any fading been achieved? (Please describe)      |
| What is the plan and projected timeline for fading of supports?      |

Provide an estimate of supports for the next four weeks of employment based on the schedule and instructional needs of the consumer.

| Week | Number of Instruction Hours/Schedule |
| --- | --- |
| Week 1 |       |
| Week 2 |       |
| Week 3 |       |
| Week 4 |       |
| Providers must reach out directly to DVR prior to providing additional SI supports and verify hours are authorized. Estimated need for hours in this section does not automatically mean they will be authorized by DVR. |

**Supported Employment Coordination Plan Section**

To be completed for only those consumers receiving Customized Employment, Individual Placement and Support (IPS), or Supported Employment.

**Note**: When working with Family Care, IRIS, CLTS, or other long-term support programs, DVR must coordinate with the program to identify the type of supports needed and when those services should be implemented and identified in corresponding consumer service plans. The communication should be documented and include an agreement for planned services, employment, payment, timing, and outcomes for the consumer.

The coordinated plans should be reviewed at the following three points in the process:

1. DVR Post Career Profile/Discovery meeting and assessment
2. DVR 60-day on-the-job meeting
3. Before transition to long-term support

**60-Day On-the-Job-Meeting Coordination**

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| --- | --- | --- |
| Consumer Signature | DVR Counselor Signature | Service Provider Signature |
| Guardian | Provider of Long Term Supports | Other |
| **Signatures are suggested, but not required before submission for payment. In lieu of signature(s), an email attachment to the consumer's case stating agreement to the transition plan may also be accepted.** |

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