



FLORIDA DIVISION OF VOCATIONAL REHABILITATION
SUPPORTED EMPLOYMENT LONG-TERM SUPPORT PLAN

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| Customer Name: | VR ID Number: |
| VR Counselor: | Provider Name: |
| IPE Job Goal: | Job/Position Title: |
| Job Start Date: | Stabilization Date: |
| Projected Transition Date to Extended Services: | Anticipated Extended Services Provider and Funding Source: |

Supports Identified for Success: List supports that are in currently in place and any additional supports identified for Extended Services

Transportation:

1. List current transportation:
2. Confirm transportation plan for future:

Natural Supports on the Job Site:

1. List all current natural supports at the job site:
2. List any additional natural supports anticipated for long term success:

Accommodations:

1. List all current accommodations:
2. List any additional accommodations that are anticipated

Job Coaching:

1. Current average hours of support:
2. Anticipated average number of hours needed in the future:

Advancement Opportunities: List strategies to assist Customer to advance their career:

If Customer receives benefits, who is responsible to assist with appropriate reporting?

Other:

Customer Signature/Date

Provider Signature/Date

Parent/Guardian Signature (if applicable)/Date