



**FLORIDA DIVISION OF VOCATIONAL REHABILITATION  
SUPPORTED EMPLOYMENT  
JOB ANALYSIS FORM**

<b>Customer Name:</b>	<b>Employer:</b>
<b>VR ID Number:</b>	<b>Employer FEID:</b>
<b>IPE Job Goal:</b>	<b>Department (if Applicable):</b>
<b>Job/Position Title:</b>	<b>Supervisor:</b>
<b>Job Start Date:</b>	<b>Supervisor Phone:</b>

**POSITION SUMMARY**

Provide a brief description of the position’s general purpose.

**DUTIES AND RESPONSIBILITIES**

In order of importance, most important to least important, use the table below to list major duties and responsibilities. Label each responsibility as being **M** for Marginal (performed infrequently or often by others in various positions) or **E** for Essential (fundamental to completing work).

E or M	DUTIES AND RESPONSIBILITIES	Meets Participant’s current needs and skills (Y/N)

## TRAINING / SUPPORT NEEDS

Provide a brief description of any additional training and/or supports identified in the **Duties and Responsibilities** section which may be required for the individual to be successful in the position. Please be sure to address any transportation or child care needs here.

## CUSTOMER SATISFACTION WITH JOB PLACEMENT

All boxes must be checked to meet the VR standards for "Appropriate Job Placement":

- Individual agrees with the number of hours typically scheduled in this position.
- Individual agrees the wages offered are appropriate for the position and his or her current needs.
- Individual agrees this placement meets his or her long term goals and needs.
- Individual agrees this placement will not aggravate his or her disability.

## REQUIRED SIGNATURES

*By signing this form, you are attesting that the above information is correct to the best of your knowledge.*

Customer: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
*(If Applicable)*

Date: \_\_\_\_\_

Employment Specialist: \_\_\_\_\_

Date: \_\_\_\_\_

***\*Provider must submit a Competitive Integrated Setting Evaluation Form in addition to this Job Analysis Form.\****