Guide for Employment Professionals

Supporting Employment in Adults with

Fetal Alcohol Spectrum Disorder



Marnie Makela, PhD Aamena Kapasi, MA Jacqueline Pei, PhD

AKNOWLEDGEMENTS

We would like to thank everyone who contributed to the creation of this employment guide.

We would specifically like to thank the community organizations who contributed to this project and provided feedback. We appreciate your time and effort in helping to create this guide. Specifically, we would like to thank:

- BRIDGES Hinton
- Camrose Association for Community Living
- Catholic Social Services
- Inclusion Alberta
- Lakeland Centre for FASD
- REDI Enterprises Society
- The Alex Community Health Centre
- · The Rehabilitation Society of Southwestern Alberta







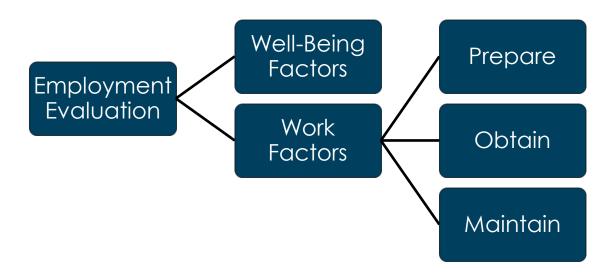
TABLE OF CONTENTS

| DOCUMENT INFORMATION | 3 |
|------------------------|----|
| WELL-BEING | 7 |
| PREPARE FOR EMPLOYMENT | 12 |
| OBTAIN EMPLOYMENT | 20 |
| MAINTAIN EMPLOYMENT | 28 |

DOCUMENT INFORMATION

This document is intended to provide guidance for individuals and agencies working with clients with Fetal Alcohol Spectrum Disorder (FASD). It is for use by employment professionals to guide their work as they assist clients in preparing for, obtaining, and maintaining employment. This document is based on current literature, interviews, as well as survey data from people with FASD and their caregivers and support workers.

The document is separated into two evaluation factors: 1) well-being factors and 2) work factors. The work factors section is broken down into 3 phases: preparing for employment, obtaining employment, and maintaining employment.



Why was this guide developed?

The needs of individuals with FASD evolve across the lifespan. In adulthood, issues with mental health, legal involvement, medical problems, sleep disturbance, and problems with activities of daily living can get in the way of employment. This guide was developed to help employment professionals understand and address the strengths and needs of their clients with FASD in order to facilitate success in their employment journeys. Part of this is finding the right job fit based on the client's individual strengths and needs, and then helping employers adapt their processes, interactions, and expectations to best support the employee with FASD.

| You may see: | So, we may conclude the individual is | Instead of |
|---------------------------------|---------------------------------------|--|
| Lateness or missed shifts | Disinterested | An individual with a brain injury |
| Forgetfulness | Lacking motivation | Who is struggling to do the best they can |
| Incomplete tasks or messy work | Not desiring employment | Who wants to succeed |
| Mistakes in task completion | Lazy | Who often cares very much about doing well |
| Reckless or dangerous decisions | Careless | And has difficulty making sense of how our brains work |

With the right job fit and supports in place, employment success is possible. Here are some things adults with FASD and their supports have told us about their employment:

- o "I took the time to learn about myself; what's the strongest part of my brain and I focus on that"
- "Just because I may be high functioning one day doesn't mean every day I am high functioning"
- o "I've learned to be more patient and calm when dealing with coworkers as I understand that everyone sometimes has difficulties and are stressed out"
- o "I learned to communicate better with people and to be patient. I have also learned that things change and I have to be flexible"
- o "He has learned to have a strong work ethic and takes pride in his work. He's proud of being able to have his own apartment"
- o "That it can be an invisible limitation, and that even though an employee presents himself well, he needs to have certain accommodations and supports to be successful"

How to use this guide:

- This guide should be used on an individual basis for each client.
- This guide can be completed collaboratively with the client, or independently.
- Some clients may have difficulty with recognizing or reporting concerns accurately. With your client's consent, it may be helpful to talk to different sources to obtain information.
- You do not need to complete every item on the lists provided. Only complete the items that are relevant or feasible, and make sense for your agency and your client.
- The well-being section should be reviewed periodically throughout your working relationship with your client.
- The prepare, obtain, and maintain sections should be used to guide you as your client moves between these three phases of employment.
- These evaluations should be completed at the beginning of each phase, and then an updated evaluation should be completed periodically at your discretion.
- There is an extra action plan page at the end of this guide if you require additional space.

Key definitions used in this guide:

Employment professional: You! We use this term to describe anyone in a role supporting individuals with FASD with employment.

Employment: This guide may be used with clients seeking employment of any kind, ranging from volunteer to seasonal to full-time. It provides prompts to determine what type of employment your client may wish to pursue based on their interests and abilities, including but not limited to the following:

Competitive Employment: Full-time or part-time work consistent with the individual's choices. Wages (at or above minimum wage) and benefits are commensurate with those of co-workers in the same setting.

Supported Employment: Job seeker receives individualized help from support person to achieve successful employment. Job seeker, support person, and employer form a partnership to match the skills of the job seeker to the needs of the employer and to assist in the job seeker's career enhancement and long-term satisfaction.

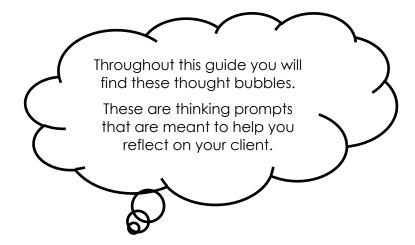
Sheltered Employment: A setting (e.g., program, workshop) in which people with disabilities receive services and training to develop work-related skills and behaviors.

Self-Directed Employment: Income generating work where disabled people, to a significant degree, have a prime decision-making role in the kind of work that is done, how time is allocated, what kinds of investment in time and money should be made, and how to allocate revenue generated.

Workplace Accommodation: Tools or strategies that address disability-related barriers in the workplace (e.g., flexibility in work hours or break times, posted schedule).

Diagnostic report: Individuals with an FASD diagnosis will have a report summarizing their medical and psychological functioning as it related to their FASD diagnosis.

Psychological report: Individuals who received an FASD diagnosis as a child may have an updated psychological assessment from adolescence or adulthood that will include information related to their intellectual, academic, language, attention, decision-making, memory, adaptive, and emotional functioning.



INTRODUCTION: WELL-BEING

Well-being refers to the state of being comfortable, healthy, or happy. It is the cornerstone of successful employment. If an individual is not in a place of general well-being, it is likely to be difficult for them to prepare, obtain, or maintain employment. For this reason, we have placed well-being at the forefront of this guide, and we recommend that client well-being be evaluated and re-evaluated periodically, and especially at the beginning of each new phase of employment.

Although the contents of the well-being section are not necessarily factors that the employment professional may be directly able to address or change, they are factors in the client's life that the employment professional should be aware of to best support the client in their employment journey. These factors will impact the client's ability to prepare for employment, obtain employment, and maintain employment. They will also inform the type of employment that is best suited for the client.

To Do

Fill out one column of the chart for each date you complete the chart. Place a checkmark to indicate that you assessed/completed the listed factor. The subsequent chart should be completed with any concerns that you or the client has, and an action plan should be developed to address these concerns. This chart can also be used to monitor progress. At the bottom, based on the information you collected and your own professional expertise, evaluate whether you think the client is ready to prepare for employment, obtain employment, or, if he/she currently is employed, whether the client's well-being will allow him/her to maintain their employment. This is a judgement call that should be made on a case by case basis. If the client is not ready, please reflect on the reasons, and what needs to be done in order for the client to be ready.



WELL-BEING

| | Well-being Factors | Date | Date | Date | Date | Date | Date |
|---------------------|---|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| | I know if my client has access to appropriate housing | | | | | | |
| | I know if my client has applied and/or is receiving income support | | | | | | |
| Stability & | I know if my client has access to enough food and nutrition | | | | | | |
| Basic Needs | - | | | | | | |
| | I know if my client has access to recreation activities | | | | | | |
| | I know if my client has access to an appropriate work wardrobe | | | | | | |
| | I know of my client's personal support system | | | | | | |
| Family & Friends | I have connected with my client's guardian or caregiver, if needed (with consent) | | | | | | |
| | I know whether there are relationship concerns that may impact my client's employment | | | | | | |
| Mental | I understand my client's mental health status | | | | | | |
| Health | I understand the stressors in my client's life | | | | | | |

| | I understand whether substance use is part of my client's life |
|------------|--|
| | I know my client's coping and self-care strategies |
| | I have spoken with professionals involved with my client's mental health (if applicable, with consent) |
| | I have spoken with my client about mental health resources |
| | I understand how my client's mental health impacts their employment and have discussed it with him or her |
| | I understand what accommodations my client will need in the workplace to support their mental health |
| | I know whether my client has legal issues |
| Legal | I understand how my client's legal issues may impact their employment opportunities |
| | I have spoken with other professionals involved with my client's legal issues (if applicable, with consent) |
| Children & | I know whether my client has needs related to children or dependents |
| Dependents | I understand how my client's children or dependents may impact their employment |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Employment Readiness | Date | Date | Date | Date | Date | Date |
|--|------|------|------|------|------|------|
| After considering all the above aspect of my client's personal well- | Yes | Yes | Yes | Yes | Yes | Yes |
| being, I believe my client is ready to prepare for employment, obtain employment, or maintain employment | No | No | No | No | No | No |

| If no, please ind | dicate why not. | and what need | ls to be done i | n order for the | e client to be | ready to i | orepare fo | r emplovme | nt. obtain |
|---------------------------------------|-----------------|---------------|-----------------|-----------------|----------------|----------------------------|------------|------------|------------|
| employment, or i | | | | | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | (1 3 - 1 | | | / |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

INTRODUCTION: PREPARE FOR EMPLOYMENT

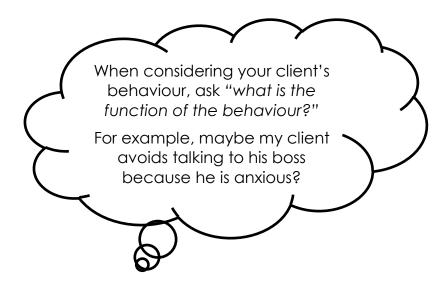
Preparing for employment is the next phase of the path to successful employment. If you are in this phase, your client is in a place of general well-being, and is ready to learn skills and strategies to help him/her be successfully employed.

This first table of this section focuses on employability skills that are necessary for most people to obtain and maintain a job. The employability skills highlighted in this section are Communication and Social Skills, Stress Management, Time Management, Self-Advocacy, and Teamwork.

The second table of the section focuses on job fit. This is an essential factor in successful employment that focuses on creating a match between employees and their jobs. Job fit ensures that you are aware of what your client is looking for in a job and career, and what your client might be best suited to based on their individual functioning.

TO DO

Fill out one column of the chart for each date you complete the chart. Place a checkmark to indicate that you assessed/completed the listed factor. The subsequent chart should be completed with any concerns that you or the client has, an action plan to address these concerns, and note any progress made. At the bottom, evaluate whether you think the client is prepared for employment based on the information you have and your own discretion.



PREPARE FOR EMPLOYMENT

| | Employability Skills | Date | Date | Date | Date | Date | Date |
|-------------------------------|--|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| | I understand my client's communication strengths and challenges and how they may impact their employment | | | | | | |
| Communication & Social Skills | I have made a plan to help my client communicate with others during their employment search | | | | | | |
| | The communication/socials skills plan was implemented and adjusted as needed | | | | | | |
| | I understand what is stressful for my client and how this may impact their employment | | | | | | |
| Stress | I understand <u>how</u> my client copes with stress and how this may impact their employment | | | | | | |
| Management | I have made a plan to help my client use healthy coping strategies at work | | | | | | |
| | The plan for coping strategies was implemented and adjusted as needed | | | | | | |
| Time | I understand my client's time management strengths and challenges and how these may impact their employment | | | | | | |
| Management | I have made a plan with my client to use time management strategies (e.g., alarm clock, reminders, lists, scheduling transportation) | | | | | | |

| | The plan for time management skills was implemented and adjusted as needed | | | |
|---------------|--|--|--|--|
| | My client is aware of their disability and is comfortable sharing their diagnosis and/or needs | | | |
| Self-Advocacy | I have made a plan with my client to increase their understanding of their disability, build their self-advocacy skills, and share their needs with others in a way that helps others support them | | | |
| | The plan to build advocacy skills was implemented and adjusted as needed | | | |
| | I understand how my client works with others and how their teamwork strengths and challenges may impact their employment | | | |
| Teamwork | I have made a plan with my client to build on teamwork strengths and address challenges | | | |
| | The plan for teamwork skills was implemented and adjusted as needed | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | Job Fit | Date | Date | Date | Date | Date | Date |
|-----------------------------|---|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| | I know my client's employment goals | | | | | | |
| Career Goals | My client has completed a career interest inventory | | | | | | |
| & Interests | I know my client's hobbies and interests | | | | | | |
| | I know what motivates my client to work (e.g., social engagement, praise, money, making a difference) | | | | | | |
| | I obtained and read my client's diagnostic report and/or updated psychological assessment report | | | | | | |
| | I understand how my client's psychological functioning impacts their employment | | | | | | |
| Psychological Assessment | From the psychological report, I identified 3 of my client's strengths and I understand how to help the client use their strengths at work. If not, I will seek out support from my supervisor to find out how I can understand my client's strengths (e.g., consult with psychologist, with consent) | | | | | | |
| | From the psychological report, I identified 3 of my client's challenges and I understand how these may impact them at work. If not, I will seek out support from my supervisor so I can understand my client's challenges. | | | | | | |
| | I understand the strategies and accommodations that were recommended in the report and how they will apply to the workplace. If not, I will seek out support from my supervisor so I can | | | | | | |

| | understand the recommendations. | | | |
|--|--|--|--|--|
| | I looked into whether an updated psychological assessment is needed to support my client with work | | | |
| Training & | I know my client's level of education/training, and if they are currently enrolled in any school/training | | | |
| Education (e.g., GED, | I know my client's education/training goals | | | |
| certificates, driver's license, first aid) | I have developed an education/training plan with my client to help them meet their goals | | | |
| | I know how many hours my client can work per day | | | |
| Ideal # of hours & days of work per week | I know how many hours my client can work per week | | | |
| | I know the other factors in my client's life that influence his or her schedule and availability (e.g., childcare, transportation) | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Employment Preparedness | Date | Date | Date | Date | Date | Date |
|--|------|------|------|------|------|------|
| | Yes | Yes | Yes | Yes | Yes | Yes |
| I believe my client is prepared for employment | No | No | No | No | No | No |

| If no, please indicate why not, and what needs to be done in order for the client to be ready to prepare for employment? | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

INTRODUCTION: OBTAINING EMPLOYMENT

If you are in this phase, your client is in a place of general well-being, and you have determined they are is prepared for employment. The client has worked on his/her employability skills and you are aware of the job fit criteria for your client.

This phase uses the information and work previously done in the *prepare* phase, and applies it to potential jobs. For this phase, the first table guides job searching for the client. The second and third tables are implemented when the client and job coach have found one or more potential jobs.

TO DO

With the potential jobs in mind, fill out the charts below. Indicate the date that you assessed or completed each item. Record the date and place a check mark next to the items that were assessed. Regardless if it is the right fit or not, the subsequent chart should be completed with any concerns that you or the client has, an action plan to address these concerns, and any progress made. At the bottom, evaluate whether you think the place of employment is a good fit for the client.



OBTAINING EMPLOYMENT

| | Job Search | Date | Date | Date | Date | Date | Date |
|------------------------------|--|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| | Capitalize on existing connections when possible (e.g., family and friends) | | | | | | |
| | Review work and volunteer history for positive experiences | | | | | | |
| Avenues for Job Searching | Look for jobs that meet criteria if on income support or other funding program | | | | | | |
| Scarcining | Determine the employment type best suited for the client (e.g., supported, sheltered) by reviewing diagnostic/psychology report, funding status, and discussing with client and supports | | | | | | |
| | Complete and review client's career interest inventory to guide job searching | | | | | | |
| | I have helped my client prepare a resume and cover letter | | | | | | |
| Job Application | I have helped my client prepare for job interviews | | | | | | |
| & Preparation | I have connected my client with resources to assist in preparing a resume and cover letter, and preparing for job interviews | | | | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | Employability Skills | | Date | Date | Date | Date | Date |
|-------------------------------|---|--|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| Communication & Social Skills | The potential workplace is appropriate given my clients social skills/communication abilities | | | | | | |
| Stress Management | The potential workplace is appropriate given my client's stress management abilities | | | | | | |
| Time Management | The potential workplace is appropriate given my client's time management skills | | | | | | |
| Teamwork | The potential workplace is appropriate given my client's teamwork skills | | | | | | |
| Education & Training | I am up-to-date on my client's level of education and training | | | | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | Job Fit | Date | Date | Date | Date | Date | Date |
|-----------------------------|---|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| | The potential place of employment fits my client's employment goals | | | | | | |
| Career Goals & Interests | The potential place of employment fits my client's hobbies and career interests | | | | | | |
| | The potential place of employment fits my client's motivations | | | | | | |
| Psychological Assessment | I am using the report to inform my client's job search and determine if the potential place of employment is suitable for the client | | | | | | |
| Training & Education | The potential place of employment fits with my client's level of education/training | | | | | | |
| Ideal # of hours | The potential place of employment fits with the hours my client can work each week | | | | | | |
| & days of work per week | The potential place of employment fits with the factors that influence my client's schedule | | | | | | |
| Employer Characteristics | The potential place of employment: ☐ Is open to accommodations ☐ Can provide a support person on site if needed ☐ Can help the employee implement lists and reminders as needed ☐ Can adjust the degree of routine as needed ☐ Is accessible by client's means of transportation | | | | | | |
| Job Duties | Obtain list of job duties and review with client | | | | | | |
| & Expectations | Determine if adjustments to job duties are needed and possible | | | | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Obtaining the Right Job | Date | Date | Date | Date | Date | Date |
|--|--------------------|----------|--------|------|------|------|
| | Yes | Yes | Yes | Yes | Yes | Yes |
| I believe we have found a good place of employment | No | No | No | No | No | No |
| If no. please indicate why not, and what needs to be done in order for the cli | ant to be ready to | obtoin o | mplovm | ont? | | |

| If no, please indicat | te why not, and w | hat needs to be | e done in orde | r for the client to b | e ready to | obtain e | mploym | ent? | |
|-----------------------|-------------------|-----------------|----------------|-----------------------|------------|----------|--------|------|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

MAINTAINING EMPLOYMENT

Maintaining employment is the third and final phase of this guide, but that does not mean it is not the end of your work with your client. If you are in this phase, your client is in a place of general well-being, and has obtained a job. The client is currently working at a place of employment. This evaluation should be completed periodically while your client is at their workplace.

This phase uses the information and work previously done in the prepare and obtain phases, and applies it to the client's current job. For this phase, the first table guides job fit for the client, ensuring that this place of employment remains a good fit for the client. The next table assesses the employability skills that the client has and what they need for their job, and the last table focuses on the relationships between the client, yourself, and the employer.

TO DO

Based on your client's current job, fill out the chart below. Record the date and place a check mark next to the items that were assessed. The subsequent chart should be completed with any concerns that you or the client may have and create an action plan as to how to address these concerns. You can also use this chart to monitor progress made. At the bottom, evaluate whether the place of employment remains a good fit for the client. If it is no longer a good fit, the client may need to move back to the prepare or obtain phases, or adjustments may need to be made at their current place of employment.



MAINTAINING EMPLOYMENT

| | Job Fit | Date | Date | Date | Date | Date | Date |
|------------------------------------|--|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| _ | The job continues to fit with my client's employment goals | | | | | | |
| Career Goals & Interests | The job continues to fit with my client's hobbies and career interests | | | | | | |
| & interests | The job continues to motivate my client to work (e.g., social engagement, praise, money, contributing, making a difference) | | | | | | |
| Training | My client has the required level of training and education to continue to work | | | | | | |
| Training & Education | I know if there are additional educational opportunities, or if further education is needed, and I have assisted my client in obtaining this education | | | | | | |
| Ideal # of hours & days of work | The number of hours and schedule of the job continues to be appropriate for my client, and if not, I have assisted with the adjustments needed | | | | | | |
| per week | I am up-to-date on the other factors in my client's life that influence my client's schedule (e.g., childcare, transportation) | | | | | | |
| Job | The place of employment continues to provide or have accommodations | | | | | | |
| Characteristics | The place of employment provides a support person on site if needed | | | | | _ | |

| | The place of employment is helping the employee implement lists and reminders as needed | | | |
|----------------|---|--|--|--|
| | The degree of routine of the place of employment continues to be a good match for my client | | | |
| Job Searching | The employment type is still the best suited for my client (e.g., supported, sheltered) | | | |
| Job Duties | The job duties are still a good fit for my client | | | |
| & Expectations | I have assisted my client in any adjustments to job duties that are needed | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | Employability Skills | Date | Date | Date | Date | Date | Date |
|-------------------------------|--|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| Communication & Social Skills | The workplace continues to be appropriate given my clients social skills/communication abilities | | | | | | |
| Stress Management | The workplace continues to be appropriate given my client's stress management abilities | | | | | | |
| Time Management | The place of employment continues to be appropriate given my client's time management skills | | | | | | |
| Self-Advocacy | My client has reported being comfortable/able to advocate for him/her self in the workplace | | | | | | |
| Teamwork | The potential place of work continues to be appropriate given my client's teamwork skills | | | | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | Relationships & Conflict Resolution | Date | Date | Date | Date | Date | Date |
|--|---|------|------|------|------|------|------|
| | Insert Date Here | | | | | | |
| | I have discussed the client-employer relationship with my client | | | | | | |
| Client & | I have discussed the client-employer relationship with the employer | | | | | | |
| employer relationship | Strengths and difficulties have been identified and communicated and I created a plan in order to address any difficulties to foster a healthy workplace relationship | | | | | | |
| | Plan has been implemented | | | | | | |
| Client & | My client and I have had a conversation about our working relationship | | | | | | |
| employment professional | Strengths and difficulties have been identified and communicated and I created a plan in order to address these difficulties | | | | | | |
| relationship | Plan has been implemented | | | | | | |
| Employment professional & employer relationship | I have had a conversation with the employer about my role as an employment professional for the client and we have discussed the employer-employment professional | | | | | | |
| | Strengths and difficulties have been identified and communicated and I created a plan in order to address these difficulties | | | | | | |
| | Plan has been implemented | | | | | | |

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Good Job for Client | Date | Date | Date | Date | Date | Date |
|---|------|------|------|------|------|------|
| | Yes | Yes | Yes | Yes | Yes | Yes |
| I believe this continues to be a good place of employment | No | No | No | No | No | No |

| If no, please indicate why not, and what needs to be done in order for the client to be ready to maintain employment? | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Additional Action Plan Chart

| Item & Date | Action Plan | Progress Made & Date | Notes |
|-------------|-------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |