



Individualized Written Adjustment Plan

INDIVIDUALIZED WRITTEN ADJUSTMENT PLAN

Customer Name:

Date Entered Adjustment Training:

Vocational Objective (as listed on the Individualized Plan for Employment (IPE)):

Barriers being addressed:

Are there any health and/or safety issues to be considered? Yes No

If yes, describe them:

Has there been a discussion with the customer about possible accommodations or training modifications? Yes No

Describe any accommodations/modifications here:

A. Behavioral Objective	B. Goal/ Method/Technique	C. Person Responsible	D. Time Frame From/To	
1. Attendance/Punctuality: To be consistently at work and on time when scheduled. To consistently be on time returning from breaks. To always call in within 30 minutes of start of workday when absent. To consistently clear absences in advance with supervisor when possible.	Current absenteeism Current Tardiness Goal: Decrease by per month to reduce to 0%. Method: Time Clock, Observation & Counseling, Classroom Activities, Other:			
2. Hygiene/appearance: To consistently report to work clean and appropriately dressed for work environment.	Current Problems: Goal: Method: Observation & Counseling, Classroom Activities, Other:			

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

<p>9. Work Speed & Quality (Baseline): To increase/maintain work speed to with consistent acceptable quality and neatness.</p>	<p>Current: production rate; error rate Goal: Increase production by per month and decrease error rate by per month to reach overall goal. Method: Contract Work, Observation & Counseling, Classroom Activities, Other:</p>			
<p>10. Work Related Judgment/Response to Corrections: Consistently demonstrates job flexibility, appropriate interaction with others, acceptance of work rules and policies, good attitude and initiative toward work. Consistently asks appropriate questions or further clarification of instructions when needed.</p>	<p>Current: Goal: Method: Contract Work, Observation & Counseling, Classroom Activities, Other:</p>			
<p>11. Work Related Skills; Independent Living, Academic, Job Readiness</p>	<p>Classes Needed:</p>			
<p>12. Other Barriers to employment</p>				

Date the report content was reviewed with the customer or their representative/guardian:

CRP Staff Signature: _____ **Date:** _____