

Community Mental Health for Central Michigan
Supported Employment Progress Notes

Consumer Name: _____ Case ID#: _____

Date: _____ Start Time: _____ End Time: _____

Attendees Present: (Family, staff, teachers, etc. No other consumers PHI)

Name: _____ Relationship/Role: _____ Organization & Contact Info: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Goals/Objectives/Interventions:

MRS Involvement: Yes or No

Phase of Employment: Competitive Integrated Employment

Launch & Discovery /Assessment (H2023 1Y)

Jobs Search/Development (H2023 2Y)

Self-Employment (H2023 3Y)

Benefits Planning (H2023 4Y)

Employment Supports/Job Coaching (H2025)

Data Section:

Education: Are you currently in an education program? Yes No

If Yes: Start Date _____ End Date _____

Name of Program _____

Employment: Are you currently working competitively? Yes No

If Yes: Start Date _____ End Date _____

Job Title _____ Employer _____

Week Started _____ Hours this Week _____ Wage Per/Hour _____

Disclosure/Consent:

Was disclosure discussed with individual and/or parent/
guardian? Yes No N/A

Discussion/Narrative: Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

Satisfaction Survey:

Satisfaction with services, support and/or treatment discussed; consumer or representative satisfied.

Satisfaction with services, support and/or treatment discussed; consumer or representative *not* satisfied.

Agency Name: _____ Date: _____

Staff Name (Printed): _____

Staff Signature: _____