

## Successful Closure Checklist and Consultation Form

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Checklist:

- Participant has maintained employment for 90 days
- Participant and VR counselor discussed case closure
- Closure letter has been sent
- Post-employment services were explained and are not required
- Client Assistance Program was reviewed

Explanation for any consultation items not completed:

### Compatibility Checklist:

- Position is compatible with participant's strengths, interests, capabilities, and limitations related to disability(ies).
- Work environment is integrated.
- Participant is compensated at or above minimum wage. Wages and benefits are customary for individuals without disabilities performing the same work.

Explanation for any compatibility items not completed

Significant services provided contributing to the employment outcome

- Participant has stabilized at worksite and extended services are immediately available.

Job title: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_

State/zip code: \_\_\_\_\_

Employer phone: \_\_\_\_\_

Employment date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Hourly wage: \_\_\_\_\_

Weekly earnings: \_\_\_\_\_

Counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Content was developed under a grant from the Department of Education (PR/Award # H250Z150002). However, content does not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. (Authority: 20 U.S.C. 1221e-3 and 3474)