**Employment Goal**

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| **Description:** |
| **Total Hours Per Week:** |
| **Total Hours Per Shift:** |
| **Total Shifts Per Week:** |

|  |  |
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| **Tasks to Market** | **Support Needed** |
|  |  |

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|  |
| **Student Date** |
| **Primary Support Person Date** |
| **Guardian Signature (if other than student or primary support position) Date** |
| **DVR Counselor (if applicable) Date** |
| **Agency Representative Date** |
|  |
| **IEP Teacher Date** |