



I.P Effective Date: _____
Support Plan Effective Date: _____
Date Sent to WSC: _____
Date Sent to Individual: _____

Life Skills Development 2 (Supported Employment)

Annual Report

Individual's Name: _____

Coach: _____

Year: _____

Goal: _____

Places of Employment: (if unemployed, places individual applied and received an interview)

Strengths and Weakness

If applicable, Work performances:

Job development activities:



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Progress towards achieving goals:

Attempts made towards goals:

Need for ongoing support:

Signature: _____ Date: _____