

**INDIVIDUAL SUPPORT PLAN
WORKSHOP TRAINING PROGRAM**

Employee's Name: _____ Date of Plan: _____

Date employee entered the Training program: _____

Projected date employee will exit the Training program: _____

Service Coordinator: _____ DMH ID Number: _____

Sheltered workshop training provides targeted, time limited and goal oriented training. Sheltered workshop training in this context is not to be used as full time, ongoing training, employee production supervision or personal care. Vocational outcomes must be clearly identified and must address one of the following:

- a) New employee training/orientation;
- b) Increase vocational skills (i.e. improve productivity and accuracy, learning new skill sets, increasing time on tasks);
- c) Preventing deterioration in skill level;
- d) Improve and/or reduce behavior issues (i.e. tardiness, distractions and interruptions) and/or;
- e) Safety (pertaining only to productivity, accuracy and/or behavior issues).

Please check the appropriate box below indicating the reason for the employee's entrance into the Training Program.

New Employee: _____ Date of Hire: _____

- New Employee Training

Current Employee:

- Learn new skill sets
- Increase time on task
- Increase productivity rate and accuracy
- Improve and/or reduce behavior issues (i.e. tardiness, distractions and interruptions)

Behavioral support plan (attached if applicable)

- Preventing deterioration in skill level
- Safety (pertaining only to productivity, accuracy and/or behavior issues)

The following employee skill set(s) has/have been identified as needing improvement:

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Training Outcomes: Must be targeted at the identified need.

- Outcomes should include time limited action steps to achieve the goal.
- Outcomes should be achievable in 6 month increments and will be adjusted or added as the employee successfully achieves each outcome

Outcome #1: _____

Goal #1: _____

Goal #2: _____

Goal #3: _____

Outcome #2: _____

Goal #1: _____

Goal #2: _____

Goal #3: _____

Outcome #3: _____

Goal #1: _____

Goal #2: _____

Goal #3: _____

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Identify the supports/strategies to be provided to assist with the acquisition of new vocational skill sets. Include the intensity and duration of these supports:

SIGNATURES:

Consumer/Employee

Date

Guardian

Date

Training Coordinator

Date

Staff Completing Support Plan (if different)

Date

Additional Attendee

Date

Additional Attendee

Date

WORKSHOP USE ONLY

Workshop staff will use this area to document changes made to the Individual Support Plan. Plan should be reviewed quarterly and staff should sign and date once completed. A new plan must be written annually.

Signature

Review Date

Signature

Review Date

Signature

Review Date