

**PRODUCTIVE LIVING BOARD
SHELTERED WORKSHOP
TRAINING/DEVELOPMENT PROGRAM
SUPPORT PLAN**

Employee Name: _____ Date of Hire: _____

Service Coordinator: _____ DMH ID Number: _____

New Employee Current Employee Assessment of Need Attached

INSTRUCTIONS: The support plan must document the employee's need to increase vocational skills or improve and/or reduce behavior issues. The support plan will have well-defined goals and outcomes that result in the employee returning to or obtaining general employment in the workshop. For new employees the support plan will be developed when the employee is referred to the Training/Development program. For current employees, the support plan must be developed prior to entrance into the training program.

The support plan shall be developed based on the following information:

- a) Initial interview notes
- b) Employment application
- c) Copy of current Person Centered Plan or most recent IEP (if available)
- d) Behavioral support plan (if applicable)
- e) Assessment (identifies need to participate in the training program)
- f) Clearly defined goals and objectives to improve skills or improve and/or reduce behavior issues
- g) Plan for improvement with timelines
- h) Participation of the employee, guardian, sheltered workshop staff and others in the development of the support plan

The following employee skill set(s) were identified as needing improvement:

Date employee entered the Training/Development program: _____

Projected date employee will exit the Training/Development program: _____

**PRODUCTIVE LIVING BOARD
SHELTERED WORKSHOP
TRAINING/DEVELOPMENT PROGRAM
SUPPORT PLAN**

Employee Name: _____ Date of Hire: _____

INSTRUCTIONS: Each goal must be targeted at the identified need; productivity or behavior. Objectives shall include time limited action steps to achieve the goal. Objectives should be achievable in 6 month increments and will be adjusted or added as the employee successfully achieves each goal leading to increased vocational skills or improve and/or reduce behavior issues, resulting in general employment in the workshop.

TRAINING GOAL #1:

Objective #1 _____

Objective #2 _____

Objective #3 _____

TRAINING GOAL #2

Objective #1 _____

Objective #2 _____

Objective #3 _____

TRAINING GOAL #3:

Objective #1 _____

Objective #2 _____

Objective #3 _____

TRAINING GOAL #4

Objective #1 _____

Objective #2 _____

Objective #3 _____

NOTE: If a goal targets behavior modification(s), the behavior plan must be attached.
If no plan is available on file, contact the employee's St. Louis Regional Center Service Coordinator.

**PRODUCTIVE LIVING BOARD
SHELTERED WORKSHOP
TRAINING/DEVELOPMENT PROGRAM
SUPPORT PLAN**

Employee Name: _____ Date of Hire: _____

The following strategies will be followed by training staff when working with the employee to accomplish goals and objectives:

-
1. _____

 2. _____

 3. _____

 4. _____

 5. _____

**SHELTERED WORKSHOP
TRAINING/DEVELOPMENT PROGRAM
SUPPORT PLAN**

Employee Name: _____ Date of Hire: _____

SIGNATURE PAGE:

Employee's Signature Date

Guardian's Signature Date

Training Coordinator's Signature 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 support plan. Review the plan quarterly and date. A new plan must be written annually.

Signature Review Date

Signature Review Date

Signature Review Date

Signature Review Date