



Review Date \_\_\_\_\_

Day Program Monitoring Tool  
Supported Employment Review

Reviewer Initials \_\_\_\_\_

Supported Employment Individual Record Review		Standard	Yes	No	N/A	Standard Gained	Weight	Comments
23	•Changes in the individuals physical condition, cognitive functioning, needs or preferences	IV.3.3-A-6.iii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
24	<i>Direct Time &amp; Billable Hours</i>							
25	Are Billable hours documented on the Intervention Plan and Service Log form?	IV.3.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
26	Are Billable hours documented on the Supported Employment Monthly Data Report?	IV.3.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
27	Do the billable hours on the Intervention Plan & Service Log match the hours stated on the:							
28	•Supported Employment Monthly Report?	IV.5.3.B.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
29	•Supported Employment Monthly Attendance Report	IV.5.3.B.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	



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Program ID \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ SE Files Reviewed