

ARIZONA DEPARTMENT OF ECONOMIC SECURITY – Rehabilitation Services Administration
Trial Work Experience
CLIENT SERVICE PLAN

Client Service Plan Meeting Date (MM/DD/YYYY): 07/08/2025

Client Service Plan Start Time: 11:00 AM

Client Service Plan End Time: 12:00 PM

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: John Coach

VR Client Name: Sally Sample

VR Counselor Name: Joe Counselor

RSA Authorization #: 0A0000000A1

1. CLIENT'S SERVICE NEEDS ASSESSMENT

VR Counselor's Referral question(s) or concerns: VR Counselor is requesting that Sally's abilities, capabilities, and capacity to maintain an appropriate speed of productivity in a competitive employment environment and any appropriate accommodations necessary for her to become competitively employed be assessed.

VR Client's present or baseline level of skills; current concerns or service needs: Sally has been diagnosed with Cerebral Palsy and has a one-on-one aid to assist with toileting and requires extra time due to cognitive delays to process and learn instructions. Sally is non-verbal but uses a communication application on her I-pad to assist in communicating with others. Sally has demonstrated that she can follow simplified directions with task demonstration, repetition and visual cues based on information provided from the school to her VR Counselor.

Other areas relevant to the service provision and VR Client's accomplishment of service objectives: Sally requires a location that is accessible to dial-a-ride services and is electric wheelchair accessible.

VR Client's accommodation and assistive technology needs necessary for successful completion of the service objectives: Sally requires the use of her I-pad device to communicate with others and will have a one-on-one attendant to assist with personal needs. Sally uses an electric wheelchair to assist in mobility due to rigidity in leg joints.

VR Client's attendance requirements necessary for successful completion of the stated objectives:

Anticipated number of days per week: 5

Anticipated number of hours per day: 4

Anticipated number of service units: 60

2. SPECIFIC SERVICE OBJECTIVES

Describe each specific service objective using clear and measurable terms.

Service Objective #1: VR Client shall demonstrate their abilities and capacity to perform work duties in a realistic, integrated work setting and within the specified attendance requirements.

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Service Objective #2: _____

Service Objective #3: _____

3. OUTCOME OF THE SERVICE PLANNING MEETING

Check one (1):

Vendor accepts referral and agrees to identify and establish location(s) in which to conduct Trial Work Experience within twelve (12) business days from the Client Service Plan meeting.

Vendor or VR Client declines referral. Explain why: _____

VR Client and/or VR Counselor was a “no-show” for Client Service Plan meeting (one (1) time max. fifteen (15) minute billing for discussion of service provision and outreach to party not present)

Revised Client Service Plan. Date Revised (MM/DD/YYYY): _____

If unable to identify and establish location(s) within twelve (12) business days, please explain why: _____

VR Client Signature: _____ *Sally Sample* _____ Date: 07/08/2025

VR Client Guardian/Representative Signature _____ Date: _____
(if applicable):

Vendor Representative Signature: _____ *John Coach* _____ Date: 07/08/2025

VR Counselor Signature: _____ *Joe Counselor* _____ Date: 07/08/2025