**Job Retention Checklist**

The WIOA stresses the importance of helping persons with disabilities retain their jobs. Because a high percentage of persons with visual impairments request services while employed, we developed this checklist to assess employed applicants’ need for job retention services.

**Name:**  **Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **YES** | **NO** | **N/A** | **EXPLAIN** |
| 1. Is the consumer satisfied with their job?
 |  |  |  |  |
| 1. Does the consumer want to maintain their job?
 |  |  |  |  |
| 1. Does the consumer want your program to provide support to help them keep their current job?\*\*
 |  |  |  |  |
| 1. Is the consumer having specific challenges that may result in job loss?
 |  |  |  |  |
| 1. Is the consumer motivated and capable of acquiring additional training, education etc., to retain their job?
 |  |  |  |  |
| 1. Would the consumer benefit from having a short-term job coach at the job site? If so, what specific support could the job coach provide?
 |  |  |  |  |
| 1. Are there other services, resources and supports that can aid the consumer with retaining their job? Would the consumer benefit from any resources to help with job retention?
 |  |  |  |  |
| 1. Has the consumer spoken to a CWIC?
 |  |  |  |  |
| 1. Does the consumer have resources in place to help with job retention?
 |  |  |  |  |
| 1. Will losing this job impact the consumer financially?
 |  |  |  |  |
| 1. Will losing this job impact the consumer socially?
 |  |  |  |  |
| 1. Will losing this job impact the consumer emotionally?
 |  |  |  |  |
| 1. Does the consumer believe their employer is committed to their job retention effort?
 |  |  |  |  |
| 1. Are co-workers supportive of job retention?
 |  |  |  |  |
| 1. Would it be helpful if co-workers received information about how people with B/LV function in the workplace?
 |  |  |  |  |
| 1. Does the consumer have a mentor?
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Does the consumer have an adequate support system? If so, who does it include?
 |  |  |  |  |

**Completed By:**  **Date:**

\*\*Answering “yes” to item 3 may indicate that this checklist should be completed in its entirety. An answer of “no” to item 3 suggests that job retention is not needed and this checklist should not be completed.