**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 to 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 number three may indicate that this checklist should be completed in its’ entirety. An answer of no to number three may indicate that this checklist should not be completed and job retention is not needed.

Can the NRTC support you or your consumer in career advancement or job retention? If so, let us know how by contacting:

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