# CO_1C_BLACK_SLDMI-EXT Billing Summary

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Consumer’s Name: | | | | | Month/Year of Service: | | | | | | | |
| Employer: | | | | | Date Hired: | | | | | | | |
| Position: | | | | | Current Wage Per Hour: | | | | | | | |
| Employment Specialist: | | | | | Total Hours Consumer Worked: | | | | | | | |
| % of Intervention: | | | | | Total Hours of Job Coaching: | | | | | | | |
| **1**  **Unacceptable** | **2**  **Needs Improvement** | | | | **3**  **Acceptable** | | | **4**  **Exceptional** | | | | |
| Fails to meet minimum standards/expectations | Meets minimum standards/expectations only some of the time | | | | Meets minimum standards/expectations all of the time | | | Exceeds minimum standards/expectations | | | | |
| **Work Skills:** | | **1** | **2** | **3** | **4** | **Job Functions Performed:** | | | **1** | **2** | **3** | **4** |
| Attendance/punctuality | |  |  |  |  |  | | |  |  |  |  |
| Interaction with co-workers/public | |  |  |  |  |  | | |  |  |  |  |
| Interaction with supervisor(s) | |  |  |  |  |  | | |  |  |  |  |
| Following instructions | |  |  |  |  |  | | |  |  |  |  |
| Ability to work independently | |  |  |  |  |  | | |  |  |  |  |
| Complies with rules/regulations | |  |  |  |  |  | | |  |  |  |  |
| Knowledge of work | |  |  |  |  |  | | |  |  |  |  |
| Acceptance of criticism | |  |  |  |  |  | | |  |  |  |  |
| Attitude toward job | |  |  |  |  |  | | |  |  |  |  |
| Work ethic | |  |  |  |  |  | | |  |  |  |  |
| Quality of work | |  |  |  |  |  | | |  |  |  |  |
| Quantity of work | |  |  |  |  |  | | |  |  |  |  |
| Grooming/hygiene | |  |  |  |  |  | | |  |  |  |  |
| Describe areas that continue to require training: | | | | | | | | | | | | |
| Describe areas showing improvement from the last report: | | | | | | | | | | | | |
| Recommendations/Comments: | | | | | | | | | | | | |
| Signature | | | | | | | Date | | | | | |