



IPOP: Supported Employment Safeguard

Profile Information

Individual Name*: _____ Provider/Program Name: _____
Create Date*: _____ Entered By*: _____ Title: _____

Supported Employment Safeguard

Employer Name _____
Supervision Comments _____

Travel To/From Work

Staff Supports Independent Receiving travel training from SE Transported by staff
 Transported by family Other _____
Transported by Staff _____
Type SE Agency Vehicle Taxi Public Transportation Other _____
Other Comments _____

Employer Specific Safeguards

Steel-toed boots/other special footwear Hard hat Safety glasses Gloves
 Trained on chemical usage Fire evacuation training Other _____
Gloves Type _____

Other Specialized Training Provided by the Employer _____

Other Safeguards _____

SIGNATURE.....NAME.....DATE.....TIME.....am/pm
Note:- Required fields are marked with an asterisk (*)