ATTACHMENT C
Standard Project Measures

Business Focused Practices

Outputs
1. Number of participants who participate in work experiences in CIE settings and where (name of business)
   a. DDS Paid Internship Program
   b. Other Paid Internship Program
   c. Nonpaid internships
   d. Job Shadowing
   e. Informational Interviews
   f. Apprenticeship
   g. On the Job Training
   h. Other_____
2. Number of businesses or organizations who received outreach contacts and type of business/industry
3. Number of newly established relationships with businesses or organizations (defined as 2 or more meetings) and type of business/industry

Outcomes
1. Number of participants referred to a business for a position that matches their employment goal
2. Number of job interviews resulting from outreach
3. Number of participants hired for a job resulting from outreach

Employment Preparation Services and Supports <u>AND</u>
Service Models for Individuals with High Support Needs

Outputs
1. Number of participants who develop a person-centered career plan
2. Number of participants who participate in work experiences in CIE settings and where (name of business)
   a. DDS Paid Internship Program (PIP)
   b. Other Paid Internship Program
   c. Nonpaid internships
   d. Job Shadowing
   e. Informational Interviews
   f. Apprenticeship
   g. On the Job Training
   h. Other_____
3. Number of participants referred to a business for a position that matches their employment goal
4. Number of collaborators (e.g., In Home Supportive Services (IHSS) representative, behavior/mental health professional, etc.,) with other organization/agencies in development of CIE opportunities

Outcomes

1. Number of participants who receive(d) the following employment services prior to entering/after completing your program (measure pre/post)
    a. RC funded employment services
    b. DOR
    c. One Stop/America Job Centers
    d. Postsecondary
    e. Other____

Service Model Transformation

Outputs

1. Submit assessment of service population and date of completion
2. Submit agency assessment and date of completion
3. Submit list of barriers and how barriers will be addressed and date of completion
4. Number of technical assistance and training sessions held
5. Number of participants in each training/TA session

Outcomes

1. Percent of planning team who reports an increase in knowledge and skills (Refer to Attachment H for the Pre/Post Training Survey template related to this outcome)
2. Percent of participants reporting an increase in confidence in putting what they learned into practice (Refer to Attachment H for the Pre/Post Training Survey template related to this outcome)
3. Submit transformation action plan with concrete steps the organization will take to implement changes, necessary resources, how it will measure progress, and associated timeline

Training and Implementation

Outputs

1. Number of individual training events, meetings, or other specific activities
2. Number of professionals or staff trained by job type or role in agency or business
3. Number of participants trained
    a. Parents
    b. Youth
    c. Adults
    d. Staff and Professional Training
        i. Employment Providers
        ii. Secondary Education
        iii. Department of Rehabilitation (DOR)
        iv. Postsecondary
        v. One Stop Career /America Job Centers
        vi. Businesses
        vii. Other ____
4. Number of youth/adult participants who develop a person-centered career plan

5. Number of participants who participate in work experiences in competitive integrated employment (CIE) settings and where (name of business)
    a. DDS Paid Internship Program
    b. Other Paid Internship Program
    c. Nonpaid internships
    d. Job Shadowing
    e. Informational Interviews
    f. Apprenticeship
    g. On the Job Training
    h. Other_____
6. Number of participants referred to a business for a position that matches their employment goal

Outcomes
1. Percent of training participants reporting an increase in knowledge and skills (Refer to Attachment H for the Pre/Post Training Survey template related to this outcome)
2. Percent of training participants reporting an increase in confidence in putting what they learned into practice (Refer to Attachment H for the Pre/Post Training Survey template related to this outcome)
3. Number of participants who receive(d) the following employment services prior to entering/after completing your program (measure pre/post)
    a. Regional Center (RC) funded employment services
    b. DOR
    c. One Stop/America Job Centers
    d. Postsecondary
    e. Other____

Individual Participant Outcome Data
(All project types, except Service Model Transformation)

1. UCI numbers for all RC program participants
   Note: *Reporting will need to allow for multiple jobs during grant period to record each job held by the self-advocate during the course of the project. If person is still employed at the end of the project period, end date should not be filled in*
2. Number of competitive integrated employment experiences prior to program
3. Date of completion for a person-centered career plan
4. DDS Paid Internship Participation
    a. Start Date and End Date
5. CIE Attainment.
    a. Start Date and End Date
6. Average Number of Hours worked Per Week While Employed (at six months and end of project)
7. Hourly Salary (at six months and end of project)
8. Benefits received
9. Name of Employer
10. Position Title

11. Position is permanent, temporary or time limited
12. Job Sector
13. Was there a job promotion and date (at end of project)?
14. Pre/Post Individual Experience Survey, found in Attachment H

Quarterly Progress Report Narrative Questions

1. What were your accomplishments during this reporting period?
2. What challenges did you encounter?
3. How did you address the problem/issues encountered?
4. Are you on track to complete your project as outlined in your application? Yes or No. If 'no' please explain.

Final Report Narrative Questions

1. What were your accomplishments during this reporting period?
2. What challenges did you encounter?
3. How did you address the problem/issues encountered?
4. Please provide a story of success about a program participant