**Good Fit Model Matching Support Needs and Plan**

SME Student Name:

Client Initials: Client Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Employer:

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| **General accessibility** | What support is required?   1. None 2. Skills training 3. Modify (accommodation) 4. Support (Natural or DSP/Job Coach) | State the specific support or accommodation to be provided. i.e. (task list, left-handed key board, coworker replenish work, etc., Type of support intervention) |
| A Transportation |  |  |
| B Communication with supervisor/HR/coworkers |  |  |
| C Building Access/mobility |  |  |
| D Lighting/sight |  |  |
| E Sound/hearing |  |  |
| F Smells/Allergens |  |  |
| G Starting /ending work day |  |  |
| H Rest Room/Breaks/lunch |  |  |
| I Onboarding/Orientation |  |  |
| J Safety exits/emergency |  |  |
| K Time management |  |  |
| L Productivity |  |  |
| **General Job duties, list**  **(not task analysis)** | What support is required?   1. None 2. Skills training 3. Modify (accommodation)   Support (Natural or DSP/Job Coach) | State the specific support to be provided.  i.e. (task list, left handed key board, coworker replenish work, etc.) |
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