Job Description for CDCS Staff

Type (in the boxes) or write a brief description of what help or tasks your employee is expected to perform. Categories listed are examples. You-may provide additional ones based on specific needs.

Participant First and Last Name: ________________  PMI #_______

Health and safety needs above and beyond needs of a person without disabilities who is ___ years old: ________________________________

Supervision/Monitoring

__________________________________________________________

Medical Monitoring

__________________________________________________________

Social Skills/Social Supports

__________________________________________________________

Communication

__________________________________________________________

Independent Living Skills (i.e., personal hygiene, dressing, toileting, etc.)

__________________________________________________________

Community Integration

__________________________________________________________

Mobility

__________________________________________________________

Exercise, Therapy, Rehabilitation

__________________________________________________________

Other (describe)

__________________________________________________________

Work Schedule: CDCS Staff: (Example Monday - Friday: 6am-9am and 4 pm-7pm = 30 hours/week or type or write in hours for each day)

__________________________________________________________