Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name:

Vendor Representative’s Name:

VR Participant Name:

VR Counselor Name:

DVR Purchase Order #:

Total Hours on Purchase Order for SE:

SE Hours Used During Reporting Month:

**SERVICE OBJECTIVES PROGRESS**

1. Enter the VR Participant’s actual days of attendance for the reporting month.
2. State whether each objective is accomplished within the time anticipated in the Intake Plan.
3. Describe daily activities and services provided during this reporting period and any challenges/barriers/difficulties the VR Participant exhibits.

Enter VR Participant’s actual hours of attendance for the reporting month:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **Start Time** |            |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
| **Location:** |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R V |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |
|  |
| **Date** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| **Start Time** |       |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
| **Location:** |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R V |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |
|  |
| **Date** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |  |
| **Start Time** |       |       |       |       |       |       |       |       |       |  |  |
| **End Time** |       |       |       |       |       |       |       |       |       |  |  |
| **Hours** |       |       |       |       |       |       |       |       |       |  |  |
| **Location:** |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R V |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  |  |

**Placement, Maintenance, and Transition Activities:**

1. Objective #1: Job Placement

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #2: Job Maintenance

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #3: Transition - Vendor Representative to Long-Term Support

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #4:

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #5:

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective:

Describe any additional problems/issues that VR Participant is encountering:

Describe concerns and/or recommendations:

Vendor Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR Participant Guardian/Representative

(if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Other (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: