Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name:

Vendor Representative’s Name:

VR/SWD Participant Name:

VR Counselor Name:

DVR Purchase Order #:

Total BIH Hours on Purchase Order for JC:

Total OI Hours on Purchase Order for JC:

Total Virtual/Remote Hours on a Purchase Order for JC:

BIH Hours Used During Reporting Month, if applicable:

OI Hours Used During Reporting Month, if applicable:

Virtual/Remote Hours Used During Reporting Month, if applicable:

**SERVICE OBJECTIVES PROGRESS**

1. Enter the 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 Participant exhibits.

Enter 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 |  |  |

**Service Specific Objectives:**

1. Objective #1: Participant will complete work tasks independently.

Accomplished:

Yes  No  In Progress

Describe daily activities and services provided during this reporting period:

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

1. Objective #2: Participant will successfully complete work tasks.

Accomplished:

Yes  No  In Progress

Describe daily activities and services provided during this reporting period:

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

1. Objective #3:

Accomplished:

Yes  No  In Progress

Describe daily activities and services provided during this reporting period:

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

Describe any additional problems/issues that Participant is encountering:      

Describe concerns and/or recommendations:

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

VR/SWD Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

VR/SWD Participant Guardian/Representative

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

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