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 #:

***If filling this Exhibit out for WBLE only, the Vendor may only fill out section 2. Work Based Learning Experience\****

Total Hours on Purchase Order for VWATS:

In-Person VWATS Hours Used During Reporting Month:

Virtual/Remote VWATS Hours Used During Reporting Month:

Did VR Participant attend Vocational Work Adjustment Training Services as planned? [ ]  Yes [ ]  No

If “No”, Include All Dates of Absences:

Did Vendor notify VR Counselor about VR Participant’s absences? [ ]  Yes [ ]  No

If “No”, why not? Please explain:

Enter VR Participant’s actual hours of attendance for the reporting month and select the location of service provision by day:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |

1. **SERVICE OBJECTIVES PROGRESS:**

**Mobility**

Was Mobility worked on this month? [ ]  Yes [ ]  No Starting Standard from Intake Plan:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period:
* Vendor Representative Monthly Appraisal Score:
* Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:

Standard Achieved: [ ]  Yes [ ]  No

**Communication**

Was Communication worked on this month? [ ]  Yes [ ]  No Starting Standard from Intake Plan:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period:
* Vendor Representative Monthly Appraisal Score:
* Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:
* Standard Achieved: [ ]  Yes [ ]  No

**Personal Care**

Was Personal Care worked on this month? [ ]  Yes [ ]  No

Starting Standard from Intake Plan:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period:
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective:
* Standard Achieved: [ ]  Yes [ ]  No

**Self-Direction**

Was Self-Direction worked on this month? [ ]  Yes [ ]  No

Starting Standard from Intake Plan:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved: [ ]  Yes [ ]  No

**Interpersonal Skills**

Was Interpersonal Skills worked on this month? [ ]  Yes [ ]  No

Starting Standard from Intake Plan:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period:
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved: [ ]  Yes [ ]  No

**Work Tolerance**

Was Work Tolerance worked on this month? [ ]  Yes [ ]  No

Starting Standard from Intake Plan:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period:
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved: [ ]  Yes [ ]  No

**Work Skills**

Was Work Skills worked on this month? [ ]  Yes [ ]  No

Starting Standard from Intake Plan:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period:
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved**:**  [ ]  Yes [ ]  No
1. **Work Based Learning Experience\***

*\*To be worked on/provided to VR Participant once curriculum based VWATS has been completed*

WBLE Worked During Reporting Month? [ ]  Yes [ ]  No

WBLE Responsibilities:

WBLE Hours Per Week:

Did VR Participant apply learned skills/objectives from the completed curriculum for the following:

Mobility: Describe observations:

Communication: Describe observations:

Personal Care: Describe observations:

Self-Direction: Describe observations:

Interpersonal Skills: Describe observations:

Work Tolerance: Describe observations:

Work Skills: Describe observations:

Provide recommendations, if applicable:

Describe VR Participant’s progress and/or challenges/barriers/difficulties/feedback to help the VR Participant complete the WBLE:

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Hours |        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|  |
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
| Hours |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |

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