

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation  
 Vocational and Work Adjustment Training Services - Adult  
**MONTHLY PROGRESS REPORT**

Reporting Month and Year: May 2024

Service Start Date in the Month: 5/2/24

Service End Date in the Month: 5/29/24

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR Participant Name: Patty Participant

VR Counselor Name: Jane Counselor

DVR Purchase Order #: 0700002

**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: 40

In-Person VWATS Hours Used During Reporting Month: 35

Virtual/Remote VWATS Hours Used During Reporting Month: 5

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

If "No", Include All Dates of Absences: 5/1/24, 5/22/24

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	_____	<u>2:00 PM</u>	<u>1:30 PM</u>	_____	_____	<u>2:00 PM</u>	_____	<u>12:00 PM</u>	<u>2:00 PM</u>	<u>1:00 PM</u>	_____	
End Time	_____	<u>6:00 PM</u>	<u>5:45 PM</u>	_____	_____	<u>6:00 PM</u>	_____	<u>2:30 PM</u>	<u>6:00 PM</u>	<u>2:00 PM</u>	_____	
Hours	_____	<u>4</u>	<u>4.25</u>	_____	_____	<u>4</u>	_____	<u>2.5</u>	<u>4</u>	<u>1</u>	_____	
Location:	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R V	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input checked="" type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R
Date	12	13	14	15	16	17	18	19	20	21	22	
Start Time	_____	<u>2:00 PM</u>	_____	<u>12:30 PM</u>	<u>2:00 PM</u>	<u>2:00 PM</u>	_____	_____	_____	_____	_____	
End Time	_____	<u>6:00 PM</u>	_____	<u>4:30 PM</u>	<u>6:00 PM</u>	<u>6:15 PM</u>	_____	_____	_____	_____	_____	
Hours	_____	<u>4</u>	_____	<u>4</u>	<u>4</u>	<u>4.25</u>	_____	_____	_____	_____	_____	
Location:	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input checked="" type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R V	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R
Date	23	24	25	26	27	28	29	30	31			

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation  
 Vocational and Work Adjustment Training Services - Adult  
**MONTHLY PROGRESS REPORT**

<b>Start Time</b>	_____	_____	_____	_____	_____	_____	2:00 PM	_____	_____		
<b>End Time</b>	_____	_____	_____	_____	_____	_____	6:00 PM	_____	_____		
<b>Hours</b>	_____	_____	_____	_____	_____	_____	4	_____	_____		
<b>Location:</b>	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> 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: 1

Week 1 – Vendor Representative Score: 2

Week 2 – Vendor Representative Score: 2

Week 3 – Vendor Representative Score: 3

Week 4 – Vendor Representative Score: \_\_\_\_\_

Week 5 – Vendor Representative Score: 3

- Describe daily activities and services provided during this reporting period: VR Participant learned specific communication challenges and discussed ideas for potential solutions. VR Participant continued to work on a worksheet to guide them through communicating clearly. VR Participant role played within a group and communicated consistently in a clear and polite manner.
- Vendor Representative Monthly Appraisal Score: 3
- Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: VR Participant has met the standard. VR Participant is now aware of how verbal lanugage and non-verbal lanugage impacts communication with others.

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation  
Vocational and Work Adjustment Training Services - Adult  
**MONTHLY PROGRESS REPORT**

- Standard Achieved:  Yes  No
- 

**Personal Care**

Was Personal Care worked on this month?  Yes  No

Starting Standard from Intake Plan: 2

Week 1 – Vendor Representative Score: 3

Week 2 – Vendor Representative Score: 3

Week 3 – Vendor Representative Score: 2

Week 4 – Vendor Representative Score: \_\_\_\_\_

Week 5 – Vendor Representative Score: 4

- Describe daily activities and services provided during this reporting period: VR Participant had group discussions about personal care. VR Participant worked on worksheets within a group that identified the importance of maintaining a groomed and neat appearance by displaying good personal hygiene and select/wearing appropriate attire.
  - Vendor Representative Monthly Appraisal Score: 3
  - Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective: VR Participant met the standard. VR Participant consistently came to training with a groomed and neat appearance. One week VR Participant regressed and mentioned that they did not understand the importance of Personal Care and stated having poor hygiene would not impact employment. VR Participant continued discussion within their training group and reviewed case studies, and the following week exceeded the standard for Personal Care.
  - 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
-

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation  
Vocational and Work Adjustment Training Services - Adult  
**MONTHLY PROGRESS REPORT**

**Interpersonal Skills**

Was Interpersonal Skills worked on this month?  Yes  No

Starting Standard from Intake Plan: 1

Week 1 – Vendor Representative Score: 2

Week 2 – Vendor Representative Score: 2

Week 3 – Vendor Representative Score: 3

Week 4 – Vendor Representative Score: \_\_\_\_\_

Week 5 – Vendor Representative Score: 3

- Describe daily activities and services provided during this reporting period: VR Participant completed team building exercises within their group. VR Participant role played within their group to practice resolving work-related concerns.
  - Vendor Representative Monthly Appraisal Score: 3
  - Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective. VR Participant needed prompts to engage in conversations with their peers during the first couple of weeks of the month. However, VR Participant showed great improvement and was able to seek out feedback from others without being prompted. VR Participant was able to accept criticism and made effort in resolving conflicts.
  - 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

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation  
Vocational and Work Adjustment Training Services - Adult  
**MONTHLY PROGRESS REPORT**

Starting Standard from Intake Plan: 1

Week 1 – Vendor Representative Score: 1

Week 2 – Vendor Representative Score: 2

Week 3 – Vendor Representative Score: 3

Week 4 – Vendor Representative Score: \_\_\_\_\_

Week 5 – Vendor Representative Score: 3

- Describe daily activities and services provided during this reporting period: VR Participant completed worksheets to explore specific career paths within Customer Service. VR Participant practiced interview skills within their peer group. VR Participant participated in role plays, to practice certain job related skills like completing tasks within a deadline.
- Vendor Representative Monthly Appraisal Score: 3
- Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective. VR Participant is able to set a realistic deadline for a task to be completed. It would be beneficial to see this completed in a WBLE. VR Participant is able to arrive on time to training and stay for the scheduled hours while staying engaged.
- Standard Achieved:  Yes  No

**2. 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:

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation  
 Vocational and Work Adjustment Training Services - Adult  
**MONTHLY PROGRESS REPORT**

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:           *Rosalie Representative*           Date: 5/29/24