

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

Reporting Month and Year: September 2024

Service Start Date in the Month: 9/2/24

Service End Date in the Month: 9/16/24

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 #: 0700006

**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 In-Person 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:	<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 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 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	12	13	14	15	16	17	18	19	20	21	22	
Start Time	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
End Time	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Hours	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Location:	<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 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 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			

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<b>Start Time</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>End Time</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Hours</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<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 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 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

**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

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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: \_\_\_\_\_

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- 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
- 

**2. Work Based Learning Experience\***

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

WBLE Worked During Reporting Month?  Yes  No

WBLE Responsibilities: Greeting customers as they enter store, receive and process customer payments, assist with preparing and serving hot and cold beverages, maintain cleanliness of store, review inventory, and additional tasks as needed.

WBLE Hours Per Week: 30

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

Mobility: Describe observations: VR Participant was able to identify which bus to take to arrive to their WBLE, and they successfully arrived to their WBLE by bus for each shift this month.

Communication: Describe observations: VR Participant clearly communicated to the customers when providing a greeting as they entered the store, and the VR Participant sometimes used non verbal communication by smiling. VR Participant understood each order received, used polite language, and when further clarification was required, VR Participant asked the customer to repeat themselves. VR Participant did not vocalize any frustration or use negative language towards the customer even when a customer emphasized they were not happy with their order.

Personal Care: Describe observations: VR Participant arrived for each and every shift with appropriate hygiene and was well groomed. VR Participant followed the dress code and wore the uniform accordingly.

Self-Direction: Describe observations: VR Participant independently greeted customers, understood how to take orders and process payments, and the VR Participant was able to make both hot and cold beverages with written instructions. VR Participant had reminders written for when tasks need to be completed throughout their shift.

Interpersonal Skills: Describe observations: VR Participant worked well with their co-workers. VR Participant maintained appropriate conversation at work, responded well to delegated tasks, and assisted co-workers when the store was busy. VR Participant assisted a new co-worker with making drinks without being prompted.

Work Tolerance: Describe observations: VR Participant set reminders on their phone to take their 15 minutes breaks, so VR Participant did not get too tired during their shifts.

Work Skills: Describe observations: VR Participant consistently arrived on-time for scheduled shifts and stayed for the full scheduled hours.

Provide recommendations, if applicable: \_\_\_\_\_

Describe VR Participant's progress and/or challenges/barriers/difficulties/feedback to help the VR Participant complete the WBLE: VR Participant has successfully completed their WBLE. The job site wants VR Participant to stay as an employee with their organization.

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	___	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	___	___	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	___	___	<u>4</u>

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Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hours	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Vendor Representative Signature: Rosalie Representative Date: 9/16/24