Service Completion Report Date:

Last Date of Participant’s WBLE:      

Vendor Company Name:

Vendor Representative’s Name:

VR Participant Name:

VR Counselor Name:

DVR Purchase Order #:

1. **REASON FOR VENDOR’S SERVICE COMPLETION**  
   Please choose one:

VR Participant successfully completed the Work Based Learning Experience.

VR Participant did not successfully complete the Work Based Learning Experience due to the following:

dissatisfaction with the service provision; VR Counselor or Participant requested another Vendor;

moving out of service area;

dropping out of services due to health issues;

Incarceration;

Vendor lost contact with Participant;

change in Participant's circumstances; they no longer wish to pursue employment services;

organizational or business changes by Vendor precludes further service to the Participant;

Vendor no longer willing to work with Participant;

Participant entered a drug treatment or rehabilitation facility;

VR Counselor determined services are no longer appropriate; or

Other reason for service completion (specify):

1. **SERVICE OBJECTIVES**

Provide feedback to DVR of how the VR Participant applied learned objectives from the completed curriculum for Mobility, Communication, Personal Care, Self-Direction, Interpersonal Skills, Work Tolerance, and Work Skills :

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