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: