## HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation Vocational and Work Adjustment Training Services - Adult **WORK BASED LEARNING EXPERIENCE COMPLETION REPORT**

Service Completion Report Date: <u>9/20/24</u> Last Date of Participant's WBLE: <u>9/16/24</u>

Vendor Company Name: <u>ABC Vendor Company</u> Vendor Representative's Name: Rosalie Representative

VR Participant Name: <u>Patty Participant</u> VR Counselor Name: <u>Jane Counselor</u> DVR Purchase Order #: <u>0700006</u>

## 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): \_

## 2. 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 : <u>VR</u> <u>Participant did an excellent job applying the curriculum learned to their WBLE. For all service objectives, VR</u> <u>Participant utilized their written notes from worksheets, group discussions and role plays to assist with challenges within the WBLE.</u>

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Vendor Representative Signature: \_\_\_\_\_ Rozalie Representative Date: 9/20/24