

Department of Labor
DIVISION OF VOCATIONAL REHABILITATION

**Employment Readiness Training
Monthly Progress Report**
(Must Accompany DVR – 7 Authorization in Order to Receive Payment)

Name of Consumer: _____

DVR Counselor: _____

Provider: _____

Areas Being Addressed From Training Agreement	Description of Services Provided

Additional Recommendations, Concerns and Relevant Information:

Consumer Comments:

Total Hours: _____

Consumer Signature (Print and Sign)

Date

Provider Signature (Print and Sign)

Date