



Department of Labor
DIVISION OF VOCATIONAL REHABILITATION

(Must Accompany DVR-7 Authorization in Order to Receive Payment)

- Job Placement Progress
Job Coaching Progress
Supported Employment Progress
Evidence Based SE Progress
Amendment

Progress Report for:

(DVR Consumer)

(DVR Counselor)

Case Manager(s) - DDDS, DSAMH (if applicable):

Provider Organization & Name of Person Completing Report:

SERVICE STATUS (DVR requires a monthly progress report for all services being provided by a community rehabilitation program):

Traditional or Competitive Services:

- Monthly Progress
* Job Development
(*Resume or Employment Proposal Attached)
Placement verified via attached documentation (within 30 days of placement)
Job Coaching
30 Days Employment
60 Days Employment
90 Days Employment (Closure)

Supported Employment Services:

- Monthly Progress
Placement (SE 2)
4-week Retention (SE 3)
Stabilization (SE 4)
30 Days Employment
60 Days Employment
Closure (90-Days, SE 5)
6 Month Bonus (SE 6)

*Dates Covered:

Blank lines for entering dates covered.

Employer:
Address:
Employment Start Date:
Supervisor's Name:
Telephone #:
Hours Per Week:
Job Title:
Hourly Wage:
Benefits:
Work Schedule:

Job Description/Duties

Large empty box for Job Description/Duties.

DVR Job Placement - Coaching and Supported Employment Progress

DESCRIPTION/NOTES - INCLUDE JOB APPLICATIONS COMPLETED AND INTERVIEWS (If supported employment, report % follow up level required; barriers to employment; natural and positive behavioral supports [if applicable] relating to milestone reported.)

Narrative format - Report to reflect Placement Agreement goals: Date each entry, include type of contact (phone, face to face, etc), contact attempts, identify persons and places contacted, describe events and progress made, and the plan for next steps. **MONTHLY REPORTS ARE DUE WITHIN 14 DAYS OF EACH MONTH OF SERVICE PROVIDED.**

Services - Job Placement Agreement Goals	Summary
I. JOB DEVELOPMENT PHASE - 14000, 17000 17001	
1. Development of job-seeking skills <input type="checkbox"/> Develop a resume or employment proposal <input type="checkbox"/> Assist with dress and/or hygiene <input type="checkbox"/> Develop job-interviewing skills <input type="checkbox"/> Develop job-seeking skills <input type="checkbox"/> Other - _____	
2. Customer-specific job development <input type="checkbox"/> Contact employers <input type="checkbox"/> Coordinate customer job interviews <input type="checkbox"/> Other - _____	
3. Job Analysis <input type="checkbox"/> Identify essential job functions <input type="checkbox"/> Develop job training plan <input type="checkbox"/> Other - _____	
II. JOB PLACEMENT AND RETENTION PHASES - 15000, 16000, 17000,17001	
4. Direct intervention with employer <input type="checkbox"/> Assist customer with interview <input type="checkbox"/> Orient customer to the job <input type="checkbox"/> Orient customer to work schedule <input type="checkbox"/> Develop initial natural supports <input type="checkbox"/> Follow-up with employer during first 90 days of employment <input type="checkbox"/> Other - _____	
5. Direct contact with consumer is required for employment payment point within 30 days of hire. Proof of employment (e.g. pay stub, employer letter of verification, DOL Employment Verification, bank statement of direct deposit of wages, or other acceptable verification, i.e. 1099 Statement or Equifax Verification Services.) <input type="checkbox"/> Other - _____	

DVR Job Placement - Coaching and Supported Employment Progress

6. Transportation coordination/training <input type="checkbox"/> Develop transportation arrangements <input type="checkbox"/> Other - _____	
7. Coordination of financial issues <input type="checkbox"/> Assist with coordination of financial support services (SSA, other public/private sources) <input type="checkbox"/> Coordination of extended/follow-along services (*Supported Employment Only) <input type="checkbox"/> Other - _____	
III. JOB COACHING AND STABILIZATION PHASES - 8000, 17000, 17001	
8. Employment-related personal skills training <input type="checkbox"/> Train customer on specific work behaviors to the satisfaction of the employer <input type="checkbox"/> Work schedule time management training <input type="checkbox"/> Workplace communication skills training <input type="checkbox"/> Other - _____	
9. Other training needs/comments (specify) <input type="checkbox"/> Banking and income management training <input type="checkbox"/> Coordinate job accommodations and natural supports <input type="checkbox"/> Research and recommend assistive technology <input type="checkbox"/> Training in the use of public transportation <input type="checkbox"/> Other - _____	

RATING SCALE: (Check one rating for each item)

Attendance/Punctuality	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Appearance	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Social Interaction with Co-Workers	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Interaction with Supervisors	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Ability to Follow Instructions	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

Ability to Organize Work	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Completes Tasks/Assignments	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Acquires Job Skills Needed to Perform	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Follows Work Rules and Procedures	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Overall Job Performance	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

For any items of concern per the rating scale, please specify the issue and indicate how progress will be addressed through the use of assistive technology, accommodations and/or natural supports:

Total estimated hours of services provided to consumer for this reporting period: _____

Service Provider Representative Name (Print)

Service Provider Representative Signature

Date