

**DIVISION OF VOCATIONAL REHABILITATION
EDUCATIONAL/TRAINING SUPPORT SERVICES
PROGRESS REPORT**

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

Student name: _____

School: _____

Subject: _____

VR Counselor: _____

Tutor name: _____

Dates of service: _____

Hours in this period: _____

Key **VG** = Very Good **Sat** = Satisfactory **NI** = Needs Improvement

	VG	Sat	NI
Foundation in Subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working to Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List strengths:

List areas of need:

Recommendations:

- **Continue with tutoring under current plan:** **Yes** **No**

Comments:

- **Final Report:** **Yes** **No** VendorSignature _____