Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name:

Vendor Representative’s Name:

VR/SWD Participant Name:

VR Counselor Name:

DVR Purchase Order #:

Total Hours on Purchase Order for JC:

In-Person JC Hours Used During Reporting Month:

Virtual/Remote JC Hours Used During Reporting Month:

**SERVICE OBJECTIVES PROGRESS**

1. Enter the Participant’s actual days of attendance for the reporting month.
2. Describe daily activities and services provided during this reporting period and any challenges/barriers/difficulties the Participant exhibits.

Enter Participant’s actual hours of attendance for the reporting month:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **Start Time** |            |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
| **Location:** |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R  |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |
|  |
| **Date** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| **Start Time** |       |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
| **Location:** |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R  |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |
|  |
| **Date** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |  |
| **Start Time** |       |       |       |       |       |       |       |       |       |  |  |
| **End Time** |       |       |       |       |       |       |       |       |       |  |  |
| **Hours** |       |       |       |       |       |       |       |       |       |  |  |
| **Location:** |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R  |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH  [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  [ ]  BIH [ ]  OI [ ]  V/R |  |  |

**Service Specific Objectives:**

1. Objective #1: Participant will complete work tasks independently.

Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #2: Participant will successfully complete work tasks.

Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #3:

Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #4:

Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #5:

Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:

Describe any additional problems/issues that VR Participant is encountering:

Describe concerns and/or recommendations:

Vendor Representative Signature: Date: