Service Completion Report Date:

Intake Plan Meeting Date:

Last Date of Participant Service:

Vendor Company Name:

Vendor Representative’s Name:

VR/SWD Participant Name:

VR Counselor Name:

DVR Purchase Order #:

1. **REASON FOR VENDOR’S SERVICE COMPLETION**

Please choose one (1):
[ ]  VR Participant has successfully maintained and/or stabilized in competitive employment; or

[ ]  SWD Participant has successfully completed a Work Based Learning Experience (WBLE).

Participant did not complete the planned services due to:

[ ]  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):

1. **SERVICE OBJECTIVES**

Participant successfully completed all objectives as specified in the Intake Meeting (Exhibit E1):

 Yes No

Participant will complete work tasks independently [ ]  [ ]

Participant will successfully complete work tasks [ ]  [ ]

Other:       [ ]  [ ]

Participant did not achieve one or more objectives; briefly state the objective(s) and describe barriers and/ or recommendations:

Vendor Representative Signature: Date: