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:      