Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name:

Vendor Representative’s Name:

VR Participant Name:

VR Counselor Name:

DVR Purchase Order #:

Total Hours on Purchase Order for VWATS:

In-Person VWATS Hours Used During Reporting Month:

Virtual/Remote VWATS Hours Used During Reporting Month:

Did VR Participant attend Vocational Work Adjustment Training Services as planned? [ ]  Yes [ ]  No

If “No”, Include All Dates of Absences:

Did Vendor notify VR Counselor about VR Participant’s absences? [ ]  Yes [ ]  No

If “No”, why not? Please explain:

Enter VR Participant’s actual hours of attendance for the reporting month & select the location of service provision by day:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |

1. **SERVICE OBJECTIVES PROGRESS:**

*Please complete the fields below for the core work readiness/employability objectives worked on in the reporting period.*

**Mobility**Starting Standard from Intake Plan:

* Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):
* Vendor Representative Monthly Appraisal Score:
* Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:
* Standard Achieved: [ ]  Yes [ ]  No

**Communication**

Starting Standard from Intake Plan:

* Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):
* Vendor Representative Monthly Appraisal Score:
* Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective:
* Standard Achieved: [ ]  Yes [ ]  No

**Personal Care**

Starting Standard from Intake Plan:

* Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective:
* Standard Achieved: [ ]  Yes [ ]  No

**Self-Direction**

Starting Standard from Intake Plan:

* Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved: [ ]  Yes [ ]  No

**Interpersonal Skills**

Starting Standard from Intake Plan:

* Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved: [ ]  Yes [ ]  No

**Work Tolerance**

Starting Standard from Intake Plan:

* Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved: [ ]  Yes [ ]  No

**Work Skills**

Starting Standard from Intake Plan:

* Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):
* Vendor Representative Monthly Appraisal Score:
* Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved**:**  [ ]  Yes [ ]  No
1. **Job Readiness Training Work Site**

Was Job Readiness Training Provided at a Work Site During Reporting Month? [ ]  Yes [ ]  No

 Duties/Responsibilities:

Vendor Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: