Service Completion Report Date:

Intake Plan Meeting Date:

Last Date of Participant Service:      

Vendor Company Name:

Vendor Representative’s Name:

VR Participant Name:

VR Counselor Name:

DVR Purchase Order #:

1. **REASON FOR VENDOR’S SERVICE COMPLETION**  
   Please choose one (1):

VR Participant successfully completed the core work readiness/employability skills objectives with a Vocational and Work Adjustment Training Services Skills Appraisal Guide score of three (3) or four (4).

VR Participant did not successfully complete all core work readiness/employability skills objectives with a Vocational and Work Adjustment Training Services Skills Appraisal Guide score of three (3) or four (4) 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**

Based on the final Vendor Representative Monthly Appraisal Score (Exhibit G3 - Monthly Progress Report), VR Participant successfully completed all Service Objectives with a score of three (3) or four (4) in the following core areas as specified on the Intake Plan (Exhibit G2):

Yes No N/A

Mobility

Communication

Personal Care

Self-Direction

Interpersonal Skills

Work Tolerance

Work Skills

VR Participant did not achieve a score of three (3) or four (4) in one (1) or more objectives; briefly state the objective(s) and describe barriers and/or recommendations:

If Job Readiness Training at a Work Site was completed, please provide feedback to DVR of how the VR Participant applied learned objectives from the curriculum for Mobility, Communication, Personal Care, Self-Direction, Interpersonal Skills, Work Tolerance, and Work Skills :

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