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: