Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name:

Vendor Representative’s Name:

VR Client Name:

VR Counselor Name:

DVR Purchase Order #:

Total Hours on Purchase Order for Rehabilitation Technology:

Hours Used During Reporting Month:

Did VR Client attend Rehabilitation Technology services as planned? [ ]  Yes [ ]  No

If “No”, Include All Dates of Absences:

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

If “No”, why not? Please explain:

**SERVICE OBJECTIVES PROGRESS:**

1. Enter the VR Client’s actual hours of attendance for the reporting month.
2. State whether each objective was accomplished in the reporting month.
3. Describe daily activities and services provided during this reporting period, by date, and any challenges/difficulties the VR Client exhibits.

Enter VR Client’s actual hours of attendance for the reporting month by day:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **Start Time** |            |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
|  |
| **Date** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| **Start Time** |       |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
|  |
| **Date** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |  |
| **Start Time** |       |       |       |       |       |       |       |       |       |  |  |
| **End Time** |       |       |       |       |       |       |       |       |       |  |  |
| **Hours** |       |       |       |       |       |       |       |       |       |  |  |

**REHABILITATION TECHNOLOGY SERVICE OBJECTIVES PROGRESS:**

The following objectives for Rehabilitation Technology from the Action Plan were worked on this month:

1. Objective #1:

 Accomplished:  [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #2:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #3:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #4:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #5:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #6:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #7:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #8:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #9:

 Accomplished: [ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period, by date:
 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

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