

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Job Coaching
MONTHLY PROGRESS REPORT

Reporting Month and Year: November 2025Service Start Date in the Month: 11/1/2025Service End Date in the Month: 11/28/2025Vendor Company Name: ABC Vendor CompanyVendor Representative's Name: Rosalie RepresentativeVR/SWD Participant Name: Patty ParticipantVR Counselor Name: Jane CounselorDVR Purchase Order #: 07000005Total Hours on Purchase Order for JC: 20In-Person JC Hours Used During Reporting Month: 10Virtual/Remote JC Hours Used During Reporting Month: 2**SERVICE OBJECTIVES PROGRESS**

1. Enter the Participant's actual days of attendance for the reporting month.
2. State whether each objective is accomplished within the time anticipated in the Intake Plan.
3. Describe daily activities and services provided during this reporting period and any challenges/barriers/difficulties the Participant exhibits.

Enter Participant's actual hours of attendance for the reporting month:

Date	1	2	3	4	5	6	7	8	9	10	11
Start Time	9a						10a				
End Time	2p						11a				
Hours	5						1				
Location:	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input checked="" type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R
Date	12	13	14	15	16	17	18	19	20	21	22
Start Time					10a			10a			1p
End Time					11a			11a			2p
Hours					1			1			1
Location:	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input checked="" type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R
Date	23	24	25	26	27	28	29	30	31		
Start Time						12p					
End Time						3p					

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Hours						3					
Location:	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input checked="" type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R	<input type="checkbox"/> BIH <input type="checkbox"/> OI <input type="checkbox"/> V/R		

Service Specific Objectives:

1. Objective #1: Participant will complete work tasks independently.

Accomplished:

☒ Yes ☐ No ☐ In Progress

Describe daily activities and services provided during this reporting period: Vendor Representative met with Patty for their entire shift. Patty was taking phone calls and assisting customers who came into the office. Patty greeted customers professionally as they entered the office. Patty needed minimal prompts from Vendor Representative for these job tasks. Patty has improved with data entry into the company's database when inputting new customer information. Vendor Representative used to prompt Patty to request confirmation from the customer to ensure accurate customer's telephone number is obtained. Patty was observed looking at a post-it note as a reminder to confirm customer's information. Patty also created a one page process sheet with Vendor Representative to have a step-by-step instructions to input customer's information in the database. This process sheet is next to the computer Patty uses when working her shift, and it contains processes for all tasks. During her shift on these dates, Patty forgot to come back from break on time. Vendor Representative consistently told Patty to write down the time for when she needed to come back to work. Patty took initiative at the start of the shift to clean the reception desk with no prompt from Vendor Representative or employer. The job coaching had been reduced given Patty has been successfully completing work tasks independently. Patty received her device to set reminders for coming back to work from break on time. Patty was able to complete all tasks timely. Patty needed a prompt from Vendor Representative to use the device only once since having the device. Patty and Vendor Representative added another post-it note at Patty's work station to remind Patty to use the device to set a reminder before going on break.

Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: Patty can complete work tasks independently without assistance from Vendor Representative. Patty can maintain focus with each task given she has a written schedule for her day. Patty sets reminders to make sure she takes breaks accordingly during her shift.

2. Objective #2: Participant will successfully complete work tasks.

Accomplished:

☒ Yes ☐ No ☐ In Progress

Describe daily activities and services provided during this reporting period: Patty was able to complete tasks of greeting all customers at the clinic. Patty said hello and asked each customer if they had an appointment. If the customer had an appointment, she would look up the customer's information. Patty continuously spoke on the phone with new customers wanting to set up appointments. Patty was able to use her cheat sheet on important questions to ask the new customer. Patty inputted the new customer's information into the company's database. Patty continuously succeeded with completion of all work tasks: cleaning work station, answering phone calls, and greeting customers. One day, Patty did have a question with the order of her work tasks after looking at her work schedule. Instead of asking Vendor Representative, Patty asked her co-worker. Patty demonstrated professionalism and a great attitude. Patty completed tasks as assigned. On the last day of job coaching, Patty completed all work tasks accordingly without any support from the Vendor Representative.

Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: Patty can complete all work tasks at the job site when utilizing her device to remind her to come back to shift after a break, her process sheet for instructions about each job task assigned, and her post-it notes for reminders about the database. Patty feels she has the support she needs from her employer and her mother.

3. Objective #3: _____

Accomplished:

☐ Yes ☐ No ☐ In Progress

Describe daily activities and services provided during this reporting period: _____

Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: _____

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4. Objective #4: _____

Accomplished:

☐ Yes ☐ No ☐ In Progress

Describe daily activities and services provided during this reporting period: _____

Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: _____

5. Objective #5: _____

Accomplished:

☐ Yes ☐ No ☐ In Progress

Describe daily activities and services provided during this reporting period: _____

Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: _____

Describe any additional problems/issues that VR Participant is encountering: N/A

Describe concerns and/or recommendations: Recommendation is for Patty to continue using her resources at the job site for continued success.

Vendor Representative Signature: *Rosalie Representative* Date: 11/30/2025