

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Job Coaching
SERVICE COMPLETION REPORT

Service Completion Report Date: 12/15/2025

Intake Plan Meeting Date: 10/12/2025

Last Date of Participant Service: 11/28/2025

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR/SWD Participant Name: Patty Participant

VR Counselor Name: Jane Counselor

DVR Purchase Order #: 07000005

1. REASON FOR VENDOR'S SERVICE COMPLETION

Please choose one:

- ☒ VR Participant has successfully maintained and/or stabilized in competitive employment; or
- ☐ SWD Participant has successfully completed a Work Based Learning Experience (WBLE).

Participant did not complete the planned services 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): _____
-

2. SERVICE OBJECTIVES

Participant successfully completed all objectives as specified in the Intake Meeting (Exhibit E1):

	Yes	No
Participant will complete work tasks independently	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant will successfully complete work tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Job Coaching
SERVICE COMPLETION REPORT

Participant did not achieve one or more objectives; briefly state the objective(s) and describe barriers and/ or recommendations: _____

Vendor Representative Signature: *Rosalie Representative* Date: 12/15/2025