Exhibit G3

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation
Vocational and Work Adjustment Training Services - Adult
MONTHLY PROGRESS REPORT

Reporting Month and Year: October 2025

Service Start Date in the Month: 10/3/25

Service End Date in the Month: 10/17/25

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR Participant Name: Patty Participant

VR Counselor Name: Jane Counselor

DVR Purchase Order #: 07000009

Total Hours on Purchase Order for VWATS: 40

In-Person VWATS Hours Used During Reporting Month: 31

Virtual/Remote VWATS Hours Used During Reporting Month: 4

Did VR Participant attend Vocational Work Adjustment Training Services as planned? ☐ Yes ☒ No

If "No", Include All Dates of Absences: 10/14, 10/22

Did Vendor notify VR Counselor about VR Participant's absences? ☐ Yes ☒ No

If "No", why not? Please explain: Participant had planned medical appointments and notified vendor ahead of time.

Enter VR Participant's actual hours of attendance for the reporting month and select the location of service provision by day:

Date	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Start Time			2pm	1:30p		2pm		12pm	2pm	1pm	
End Time			6pm	5:45p		6pm		2:30pm	5:30pm	1:30pm	
Hours			4	4.25		4		2.5	3.5	0.5	
Location:	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☐ OI ☒ V/R	☐ BIH ☐ OI ☒ V/R	☐ BIH ☐ OI ☐ V/R
Date	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**
Start Time		2p		12:30	2	2p					
End Time		6p		4:30	6	6:15p					
Hours		4		4	4	4.25					
Location:	☐ BIH ☐ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☒ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R
Date	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**		

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Start Time	_____	_____	_____	_____	_____	_____	_____	_____	_____		
End Time	_____	_____	_____	_____	_____	_____	_____	_____	_____		
Hours	_____	_____	_____	_____	_____	_____	_____	_____	_____		
Location:	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R	☐ BIH ☐ OI ☐ V/R		

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1. **SERVICE OBJECTIVES PROGRESS:**
   Please complete the fields below for the core work readiness/employability objectives worked on in the reporting period.

   Mobility

   Starting Standard from Intake Plan: _____
   - Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable): _____
   - Vendor Representative Monthly Appraisal Score: _____
   - Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: _____
     Standard Achieved: ☐ Yes ☐ No

   Communication

   Starting Standard from Intake Plan: 1
   - Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable): VR Participant learned specific communication challenges and discussed ideas for potential solutions. VR Participant continued to work on a worksheet to guide them through communicating clearly. VR Participant role played within a group and communicated consistently in a clear and polite manner.
   - Vendor Representative Monthly Appraisal Score: 3
   - Describe Participant progress and/or challenges/barriers/difficulties in achieving the objective: VR Participant has met the standard. VR Participant is now aware of how verbal language and non-verbal language impacts communication with others.
   - Standard Achieved: ☒ Yes ☐ No

   Personal Care

   Starting Standard from Intake Plan: _____
   - Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable): _____
   - Vendor Representative Monthly Appraisal Score: _____

- Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective: _____
- Standard Achieved: ☐ Yes ☐ No

Self-Direction

Starting Standard from Intake Plan: _____

- Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable):_____
- Vendor Representative Monthly Appraisal Score: _____
- Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective. _____
- Standard Achieved: ☐ Yes ☐ No

Interpersonal Skills

Starting Standard from Intake Plan: 1

- Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable): VR Participant completed team building exercises within their group. VR Participant role played within their group to practice resolving work-related concerns.
- Vendor Representative Monthly Appraisal Score: 3
- Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective. VR Participant needed prompts to engage in conversations with their peers during the first couple of weeks of the month. However, VR Participant showed great improvement and was able to seek out feedback from others without being prompted. VR Participant was able to accept criticism and made effort in resolving conflicts.
- Standard Achieved: ☒ Yes ☐ No

Work Tolerance

Starting Standard from Intake Plan: _____

- Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable): _____

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- Vendor Representative Monthly Appraisal Score: _____
- Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective. _____
- Standard Achieved: ☐ Yes ☐ No

Work Skills

Starting Standard from Intake Plan: 1

- Describe daily activities and services provided during this reporting period (e.g., identify service details and activities for work readiness curriculum instruction and job readiness training, if applicable): VR Participant completed worksheets to explore specific career paths within Customer Service. VR Participant practiced interview skills within their peer group. VR Participant participated in role plays, to practice certain job-related skills like completing tasks within a deadline.
- Vendor Representative Monthly Appraisal Score: 3
- Describe VR Participant progress and/or challenges/barriers/difficulties in achieving the objective. VR Participant is able to set a realistic deadline for a task to be completed. VR Participant is able to arrive on time to training and stay for the scheduled hours while staying engaged.
- Standard Achieved**:** ☒ Yes ☐ No

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2. Job Readiness Training Work Site

Was Job Readiness Training Provided at a Work Site During Reporting Month? ☐ Yes ☒ No

Duties/Responsibilities: _____

Vendor Representative Signature: *Rosalie Representative* Date: 10/30/25