Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name: **Odyssey Services Corporation**

Vendor Representative’s Name:

VR Client Name:

VR Counselor Name:

RSA Authorization #:

Total Hours on Authorization for JDR:

JDR Hours Used During Reporting Month:

Total Hours Spent on JDR:

Total Hours Remaining for JDR:

Total Hours on Authorization for ES:

ES Hours Used During Reporting Month:

Total Hours Spent on ES:

Total Hours Remaining for ES:

**SERVICE OBJECTIVES PROGRESS**

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |       |       |       |       |       |       |       |       |       |  |  |

**Job Search Skills Development:**

How many Objectives for Job Search Skills Development from the Client Service Plan were worked on this month?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A

1. Objective #1:

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 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:

 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:

 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:

 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:

 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

**Job Search Assistance and Job Placement:**

How many Objectives for Job Search Assistance and Job Placement from the Client Service Plan were worked on this month?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A

1. Objective #1: Finding job placement that matches the IPE Goal.

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #2: Applying for jobs that match the planned vocational goal.

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #3: Building and utilizing community networks and natural supports as necessary.

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #4: Determining whether to disclose disability to an employer.

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

1. Objective #5: Placing VR Client in employment.

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

**Short Term Job Supports:**

How many Objectives for Short Term Job Supports from the Client Service Plan were worked on this month?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A

1. Objective #1:

Accomplished:

[ ]  Yes [ ]  No [ ]  In Progress

 Describe daily activities and services provided during this reporting period:

 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:

 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:

 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:

 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:

 Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:

**Post-Employment Services**

If Authorized, was Post-Employment Services worked on this month?

[ ]  Yes [ ]  No [ ]  N/A

Post-Employment Hours Used During Reporting Month:

Post-Employment Objective(s):

Describe daily activities and services provided during this reporting period, by date for Post-Employment:

Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective(s):

Describe any additional problems/issues that VR Client is encountering:

Describe concerns and/or recommendations:

Vendor Representative Signature: Date: