**SERVICE TYPE: TUTORING**

|  |  |
| --- | --- |
| Progress Report for (insert month and year) :             | Service start date (after the Service Planning Meeting):       |

|  |  |
| --- | --- |
| Client’s name:  | Client’s RSA ID Number:      |
| Contractor’s Name and Address: **Odyssey Services Corporation**444 S. Greenfield Rd. Mesa, AZ 85206 | Contract Number:       |
| Referring VR Counselor’s Name:      | RSA Authorization Number:      |
| Number of service units authorized for this reporting period:      Number of service units spent: Number of service units remaining:       |

**CLIENT’S PROGRESS UPDATE**

|  |
| --- |
| Client progress in achieving service objectives and how the progress was measured:Problems/issues that client is encountering (describe). Concerns, recommendations, additional support provided (discuss). |

Preparer printed name and signature: \_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_     \_\_\_\_

Client’s RSA ID Number:

Contract Number:

**SERVICE PROVISION AND OUTCOMES**

*Each objective must be expressed in measurable term and statements. The following information is required for each service objective:*

|  |  |  |  |
| --- | --- | --- | --- |
| List each client’s objective as specified in the *Client Service Plan*  | Accomplished within anticipated time | Describe activities and services provided during this reporting period | Number of service units spent *for each**activity* |
| Yes | No |
|       | [ ]  | [ ]  |  |       |
|       | [ ]  | [ ]  |  |       |
|       | [ ]  | [ ]  |  |       |
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|       | [ ]  | [ ]  |  |       |
|       | [ ]  | [ ]  |  |       |
| **Total Number of Service Units Billed:** |  |