**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:** | | | |  |