**Job Placement Services Report**

Client Name:

Case ID#:

Rehabilitation Counselor:

Vocational Goal:

Job Developer Name:

Job Developer Contact Information:

Reporting Period:

**Services Provided (Check and submit one service per report):**

**If more than one service type is checked the report will be rejected and sent back for correction. All reports must be separated per service.**

**Reports for each provided services must be submitted monthly**

[ ] Non-Supported Employment [ ] Supported Employment [ ] Customized Employment

[ ]  Individual/One Time Pre-Employment Job Seeking Services Choose an item.

[ ]  Job Seeking Skills Preparation Activities

[ ]  Service Coordination

[ ]  Tutoring

[ ] Customized Employment Discovery

[ ]  Supported Employment Job Fit Analysis

[ ] Job Placement Assistance (Monthly job search activities)

[ ] Job Coaching

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Specific Time - Start and End** | **Total Time** | **Type of Client Contact** | **Specific details of Methods, Activities, Tasks and Progress:** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

**Monthly Total Time Utilized:**

Barriers that arose this month or remain unresolved (health, behavior, transportation, child care, etc.):

Past barriers that have improved or been resolved:

Job Developer Signature:      Date:

Please submit the completed report to the referring Rehabilitation Counselor