**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