|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Supported Employment Monthly Progress Report** |

**Customer Monthly Progress Report for**       (**Month)**       (**Year)**

|  |  |  |
| --- | --- | --- |
| **Customer Name:** |  | **CRP Agency Name:** |
| **VR Counselor Name:** |  |  |

**Service Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Milestone**  **Please check** | **Consultation Meeting** | **Career Development & Placement** | **Career Stabilization & Maintenance** | **Successful Employment Outcome** | **Services Interrupted** |

**Placement Date (Start Date on the Job):**

**Stabilization Achieved Date:**       (must coincide with VR Stabilization

date as approved by the VR Counselor)

|  |
| --- |
| Identify and explain progress, services, barriers addressed and/or ongoing issues to resolve including changing jobs, leaving or reentering program, treatment, labor market, job coaching issues, plan for fading, etc. |

**Job Development Contact(s) Attached**  **Hire Report** **Attached**  **Other,**

|  |  |  |
| --- | --- | --- |
| I, the SE Employment Specialist certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain the credentials and training requirements as described in the CRP Service Guide. | | |
| Name of the Employment Specialist | Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date: | |

**Report for\_**     \_ **Month**      **Year**

**Job Development Contacts (Attach additional pages if necessary)**

**To be submitted each month until placement is secured**

|  |  |  |
| --- | --- | --- |
| **Customer Name:** |  | **CRP Agency Name:** |

|  |  |  |
| --- | --- | --- |
| **Date of Contact** | **Employer Name** | **Name of Person Contacted** |
| **Outcome** | | |

|  |  |  |
| --- | --- | --- |
| **Date of Contact** | **Employer Name** | **Name of Person Contacted** |
| **Outcome** | | |

|  |  |  |
| --- | --- | --- |
| **Date of Contact** | **Employer Name** | **Name of Person Contacted** |
| **Outcome** | | |

|  |  |  |
| --- | --- | --- |
| **Date of Contact** | **Employer Name** | **Name of Person Contacted** |
| **Outcome** | | |

|  |  |  |
| --- | --- | --- |
| **Date of Contact** | **Employer Name** | **Name of Person Contacted** |
| **Outcome** | | |

**If no placement occurs after the customer and CRP have been working together for a 6-month period, a team meeting is recommended to discuss any issues and the vocational goal, and job search parameters will be reviewed for appropriateness.**