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

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

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

**Service Information**

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| --- | --- | --- | --- | --- | --- |
| **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)

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| 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**

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

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

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

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

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

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| --- | --- | --- |
| **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.**