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| **Name:** |  | | **Intake Date:** |  |
| **Vocational Goal:** | |  | | |

**Review Type**  90 day Review  Other (specify)

**Review Date:**

**Review of Action Plan**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Review of Action Item** | **Status** |
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By signing, I agree with this review and give approval for the above actions to be implemented.

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| --- | --- | --- |
|  |  |  |
| **Client** |  | **Date** |
|  |  |  |
| **Guardian/Parent (if applicable)** |  | **Date** |
|  |  |  |
| **Employment Specialist** |  | **Date** |
|  |  |  |
| **VR Counselor** |  | **Date** |

|  |
| --- |
| **Status Key:**  **C - Completed D - Discontinued O – Ongoing N - New** |

***This document is an optional review tool.***