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| **Vocational Goal (if applicable):** |  |

**Required information: To be Completed by the Employment Specialist (ES)**

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| **Client Name:** | | |
| **Report Date:** | **Hours Used** |  |
| **Referring VRC:** | | |
| **CRP/Agency:** | | |
| **Employment Specialist:** | | |
| **Job Coach:** | | |
| **Purpose of Service:** | | |

**Stand Alone Single Service (hourly rate)**

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| Development of Trial Work Experience (for VR Eligibility): | | | | | | | | |  |
| Development of Community Based Situational Assessment (for IPE Development): | | | | | | | | | |
|  |  | | | | | | | | |
| Job Shadowing/ Job Tour/ Informational Interview: | | | | | | | |  | |
| Labor Market Survey: | | | | |  | | | | |
| Resume/ Cover letter: | | | | |  | | | | |
| Job Application: | | | |  | | | | | |
| Interview Preparation: | | | | | |  | | | |
| Job Coaching: | | |  | | | | | | |
| Self-Employment Assistance: | | | | | | |  | | |
| Other: | |  | | | | | | | |

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| **Narrative description of services provided, *include observations and concerns, detail the assistance you provided, new skill achievement, notable behaviors, social and interpersonal skills, description of new employment barriers not previously reported and your strategies to address them, your recommendations for on-the-job supports, need for work-site and job modifications, assistive technology needs, communication barriers noted, identify natural supports utilized and methods you used to secure natural supports, training needs, your attempts to fade supports, progress client has made in becoming more independent on the job, employer feedback, Plan of Action for the following month*** (attach related supporting documents, such as resume, labor market survey, etc.): |
| **If more than a single activity, briefly itemize below (ex. Job coaching dates and hours provided):** |

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| **Date (when)** | **Activity (who, what, where)** | **Actual Hours** |
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| **Total Hours** |  |  |
| Future Hours Requested and Purpose: | | |

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| Employment Specialist Signature |  | Date |