



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Supported Employment Customer 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
	<input type="checkbox"/>	<input type="checkbox"/> Part - Time <input type="checkbox"/> Full - Time	<input type="checkbox"/> Day 1 <input type="checkbox"/> Day 30 <input type="checkbox"/> Day 60	<input type="checkbox"/> Part - Time <input type="checkbox"/> Full - Time	<input type="checkbox"/>

Please note: If Intensive Job Services have been requested and approved, they will be provided as part of the Career Stabilization & Maintenance milestone and specific Intensive Job Services provided will be documented in the "Identify and explain progress, services, barriers..." narrative box below.

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,

TDHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

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:
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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:
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Date of Contact	Employer Name	Name of Person Contacted
Outcome		

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Outcome		

