



Tennessee Department of Human Services Vocational Rehabilitation Program  
**Project SEARCH® Monthly Progress Report**

Reporting Period: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Intern:

Community Rehabilitation Provider:

Project SEARCH® Site:

VR Counselor:

Vocational Objective (from the IPE):

**TRAINING**

1. Attendance—Number of training days this reporting period: \_\_\_\_\_ Number of days present: \_\_\_\_\_

2. Describe strengths, talents, personality traits, performance, and other observed assets:

Place Check Mark (✓) In the Appropriate Box				
	Excellent	Good	Average	Poor
Work Speed and Quality				
Follows Instructions				
Ability to Get Along With Others				
Personal Appearance & Hygiene				
Staying on Task				
Work Tolerance				
Response to Supervision				

3. Recommendations for improving performance:

4. Other concerns:

5. Current rotation:

6. Remarks:

Signature of CRP: \_\_\_\_\_ Date: \_\_\_\_\_

# Project SEARCH® Attendance Log

This is a template. CRPs may create and use their own form as long as the information and signatures are captured.

Agency: \_\_\_\_\_

Client: \_\_\_\_\_

Report Month: \_\_\_\_\_

Week 1	Date	Time In	Time Out	Client Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 2	Date	Time In	Time Out	Client Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 3	Date	Time In	Time Out	Client Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 4	Date	Time In	Time Out	Client Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week 5	Date	Time In	Time Out	Client Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

*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.*

*Date of Last Review: 05/28/2024*

*Date of Next Review: 05/28/2027*

HS-3446

*Effective Date: 06/07/2024*

*RDA: 2117*

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**Total days of  
attendance this  
month:**

\_\_\_\_\_

**Signature of Agency  
Representative:**

\_\_\_\_\_

**Date:** \_\_\_\_\_