Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name: **Odyssey Services Corporation**

Vendor Representative’s Name:

VR Client Name:

VR Counselor Name:

RSA Authorization #:

Number of Service Hours (not to exceed total curriculum hours)

Total Hours on Authorization for Job Training:

Job Training Hours Used During Reporting Month:

Total Hours Spent on Job Training:

Total Hours Remaining for Job Training:

If Applicable, One on One Service Hours

Total Hours on Authorization for One-on-One:

One-on-One Hours Used During Reporting Month:

Total Hours Spent on One-on-One:

Total Hours Remaining for One-on-One:

***If filling this out for Internship only, the Vendor may only fill out Sections 4 & 5.***

1. **VR CLIENT JOB TRAINING ATTENDANCE**

Did VR Client attend Job Training as planned? [ ]  Yes [ ]  No

If “No”, Include All Dates of Absences:

Did Vendor notify VR Counselor about VR Client’s absences? [ ]  Yes [ ]  No

If “No”, why not? Please explain:

Enter VR Client’s actual hours of attendance for the reporting month:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **Start Time** |            |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
|  |
| **Date** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| **Start Time** |       |       |       |       |       |       |       |       |       |       |       |
| **End Time** |       |       |       |       |       |       |       |       |       |       |       |
| **Hours** |       |       |       |       |       |       |       |       |       |       |       |
|  |
| **Date** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |  |
| **Start Time** |            |       |       |       |       |       |       |       |       |  |  |
| **End Time** |       |       |       |       |       |       |       |       |       |  |  |
| **Hours** |       |       |       |       |       |       |       |       |       |  |  |

1. **SERVICE SETTING**

VR Client developed the skills/service objectives detailed below through (check one of the following):

[ ]  Classroom Instructions [ ]  One on One Instructions [ ]  Both

1. **SERVICE DETAILS**

Describe daily activities and services provided during this reporting period, **by date**:

**Detail MUST include:**

* VR Client progress this month in achieving completion of training objectives as detailed in the training curriculum and Client Service Plan.
* Curriculum areas covered
* Specific Service Date
* Job Training Tasks
* Feedback given to VR Client
* Etc.

Describe specific skills/knowledge VR Client acquired:

Describe VR Client progress and/or challenges/barriers/difficulties in achieving the training objectives:

Names of Vendor Representative(s) Providing Service during reporting month:

1. **INTERNSHIP PLACEMENT AND SERVICE DETAIL**

Internship Program Worked During Reporting Month? [ ]  Yes [ ]  No

Internship Position Title:

Internship Start Date (MM/DD/YYYY):
Planned Internship End Date (MM/DD/YYYY):

Company Name:

Location/ Address:

Internship Responsibilities:

Internship Hours Per Week:

Paid Internship: [ ]  Yes [ ]  No

Internship Modifications/Accommodations:

Enter VR Client’s actual hours of internship attendance for the reporting month:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Hours |          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  |
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
| Hours |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  |

Describe VR Client’s progress and any support and feedback provided to help the VR Client complete the internship program:

1. **SIGNATURE**

Vendor Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_