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 #:

Total Hours on Authorization for RIS:

RIS Hours Used During Reporting Month:

Total Hours Spent on RIS:

Total Hours Remaining for RIS:

**SERVICE OBJECTIVES PROGRESS**

1. Enter the VR Client’s actual hours of attendance for the reporting month.
2. State whether each objective is accomplished within the time anticipated in the Client Service Plan.
3. Describe daily activities and services provided during this reporting period, by date, and any challenges/difficulties the client exhibits.

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** |       |       |       |       |       |       |       |       |       |  |  |

**Orientation and Adjustment to Disability:**

How many Objectives for Orientation and Adjustment to Disability from the Client Service Plan were worked on this month?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A

1. Objective #1:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #2:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #3:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #4:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #5:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

**Orientation and Mobility Training:**

How many Objectives for Orientation and Mobility Training from the Client Service Plan were worked on this month?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A

1. Objective #1:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #2:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #3:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #4:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #5:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

**Manual Adaptive Communication Training:**

How many Objectives for Manual Adaptive Communication Training from the Client Service Plan were worked on this month?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A

1. Objective #1:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #2:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #3:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #4:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

1. Objective #5:

Accomplished:

[ ]  Yes

[ ]  No

[ ]  In Progress

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

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

Describe any additional problems/issues that VR Client is encountering:

Describe concerns and/or recommendations:

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