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 120 total hours without prior VR Counselor approval):

Total Hours on Authorization for WAT:

WAT Hours Used During Reporting Month:

Total Hours Spent on WAT:

Total Hours Remaining for WAT:

Did VR Client attend Work Adjustment 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** |  |  |  |  |  |  |  |  |  |  |  |

**SERVICE OBJECTIVES PROGRESS:**

1. **Communication**

Was Communication worked on this month?  Yes  No Starting Standard from CSP:      

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective:
* Standard Achieved:  Yes  No Date Standard Achieved:

1. **Teamwork**

Was Teamwork worked on this month?  Yes  No

Starting Standard from CSP:      

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved:  Yes  No Date Standard Achieved:

1. **Critical Thinking and Problem Solving**

Was Critical Thinking and Problem Solving worked on this month?  Yes  No

Starting Standard from CSP:      

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved:  Yes  No Date Standard Achieved:

1. **Task/Time Management and Organization**

Was Task/Time Management and Organization worked on this month?  Yes  No

Starting Standard from CSP:      

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved:  Yes  No Date Standard Achieved:

1. **Attendance**

Was Attendance worked on this month?  Yes  No

Starting Standard from CSP:      

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved:  Yes  No Date Standard Achieved:

1. **Manage Symptoms/Effects of Disability**

Was Manage Symptoms/Effects of Disability worked on this month?  Yes  No

Starting Standard from CSP:      

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved**:**   Yes  No Date Standard Achieved:

1. **Appearance and Hygiene**

Was Appearance and Hygiene worked on this month?  Yes  No

Starting Standard from CSP:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved:  Yes  No Date Standard Achieved:

1. **Self-Management**

Was Self-Management worked on this month?  Yes  No

Starting Standard from CSP:

Week 1 – Vendor Representative Score:

Week 2 – Vendor Representative Score:

Week 3 – Vendor Representative Score:

Week 4 – Vendor Representative Score:

Week 5 – Vendor Representative Score:

* Describe daily activities and services provided during this reporting period: Please see supporting documentation.
* Vendor Representative Monthly Appraisal Score:
* Describe VR Client progress and/or challenges/barriers/difficulties in achieving the objective.
* Standard Achieved:  Yes  No Date Standard Achieved:

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