Reporting Month and Year:

Service Start Date in the Month:

Service End Date in the Month:

Vendor Company Name: **Odyssey Services Corp.**

Vendor Representative’s Name:

VR Client Name:

VR Counselor Name:

RSA Authorization #:

Total Hours on Authorization for Supported Ed:

Supported Ed Hours Used During Reporting Month:

Total Hours Spent on Supported Ed:

Total Hours Remaining for Supported Ed:

**SERVICE OBJECTIVE PROGRESS**

1. Enter the VR Client’s actual days 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 VR 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** |       |       |       |       |       |       |       |       |       |  |  |

**Report on progress for each Service Objective worked on this month*:***

1. Service Objective #1: Identify the post-secondary educational or employment/career training requirements to meet the VR Client's employment goal.

Accomplished: [ ]  Yes [ ]  No

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

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

1. Service Objective #2: Determine/select the appropriate program most suitable for the VR Client, which is consistent with the individual’s strengths, resources, priorities, concerns, abilities, capabilities and informed choice.

Accomplished: [ ]  Yes [ ]  No

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

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

1. Service Objective #3: Identify costs, research and discover financial aid resources and options to pay for the selected educational/training program.

 Accomplished: [ ]  Yes [ ]  No

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

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

1. Service Objective #4: Assist the VR Client in applying for financial aid identified (e.g., Pell and other Federal/State/municipal grants, scholarships, private grants, etc.), including comparable benefits.

 Accomplished: [ ]  Yes [ ]  No

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

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

1. Service Objective #5: Assist the VR Client in registering for the selected post-secondary educational/training program.

 Accomplished: [ ]  Yes [ ]  No

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

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

6. Service Objective #6: Assist VR Client with registering with the Disability Resource Center (DRC)/Disability Resource Services (DRS) on campus, coordination of disability related accommodation services and any accommodation or special services necessary for the successful completion of an educational or employment training program.

 Accomplished: [ ]  Yes [ ]  No

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

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

7. Service Objective #7: Assist VR Client in scheduling an appointment with their academic advisor to develop and obtain a Plan of Study and/or Degree Audit Report outlining coursework(s) required for completion of the post-secondary education/training program or degree.

 Accomplished: [ ]  Yes [ ]  No

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

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

8. Service Objective #8:

 Accomplished: [ ]  Yes [ ]  No

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

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

9. Service Objective #9:

 Accomplished: [ ]  Yes [ ]  No

 Describe daily activity 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 the VR Client is encountering:

Describe concerns and/or recommendations:

**INTERNSHIP PLACEMENT AND SERVICE DETAILS**

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

Internship Position Title:

Company Name:

Internship Responsibilities:

Internship Modifications/Accommodations:

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

Vendor Representative Signature: Date: