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 Career Exploration:

Career Exploration Hours Used During Reporting Month:

Total Hours Spent on Career Exploration:

Total Hours Remaining for Career Exploration:

**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/barriers/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 reporting month*:***

Service Objective #1 - Potential Employment Goal #1:

 Explored this month: [ ]  Yes [ ]  No [ ]  No longer being pursued

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

 Describe daily activities and services provided during this reporting period for labor market research, by date:

 Describe daily activities and services provided during this reporting period for in-person observation related to volunteer experience and job shadowing, by date, or if in-person observations were not completed, explain:

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

Service Objective #2 - Potential Employment #2:

 Explored this month: [ ]  Yes [ ]  No [ ]  No longer being pursued

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

 Describe daily activities and services provided during this reporting period for labor market research, by date:

 Describe daily activities and services provided during this reporting period for in-person observation related to volunteer experience and job shadowing, by date, or if in-person observations were not completed, explain:

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

Service Objective #3 - Potential Employment #3:

 Explored this month: [ ]  Yes [ ]  No [ ]  No longer being pursued

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

 Describe daily activities and services provided during this reporting period for labor market research, by date:

 Describe daily activities and services provided during this reporting period for in-person observation related to volunteer experience and job shadowing, by date, or if in-person observations were not completed, explain:

 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:

Vendor Representative Signature: Date: