Department of Workforce Development
Division of Vocational Rehabilitation

State of Wisconsin

Supported Employment Job Development Monthly Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted within 5 days of the end of service or previous month if service is continuing.

Report Month **(Month)**	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Date	Report Author
Counselor/DVR Staff Contact Name	Invoice Amount

Meetings and/or Correspondences with DVR Consumer

Date	Duration	Description of Interaction (Interview, job development/prep, etc.)

If meetings have not been scheduled within the established contact standard, please describe why below:

DRAFT

Any employment preparation services provided? Copies of resumes, dates of mock interviewing, etc.	Has there been discussion related to change in job goal or job conditions?

Employer Contact –or- Job Application Log

Date	Method of Contact	Employer Name and Contact Information	Position	Follow-Up Plan -or- Next Steps	Purpose of Contact/Application

Feedback from previous employer contacts (job filled, no job openings)

Information related to the progress of job development including consumer issues related to disability.

Job Interview(s)

Date	Employer Name	Interview Support	Result

List any requests for technical assistance from DVR or other collaborative partners including job development plan, update, or meeting requests:	Any other pertinent information:

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