Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**I/TW Placement Report**

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

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

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| Report 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)      |

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| --- | --- |
| Report Date | Report Author      |
| Job Title      | Purchase Order (PO) Number      |
| Summary of Duties      |
| Consumer Work Location (Name and Address)      |
| Start Date      | End Date      |
| Hours/Week      | Work Schedule      |
| Describe any need for accommodation(s)      |
| I/TW Supervisor Contact Name and Information      |
| Skills/Certifications obtained during internship/temporary work      |

**Summary of Consumer Progress (Use if Final Month or if no SI is authorized.)**

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| Summary of consumer absenteeism/tardiness      |
| Is the consumer interested in other specialized positions or a position that requires additional training and skills?      |
| Recommendations for permanent employment.      |
| Companies of interest.      |
| Summary of Strengths.       |
| Summary of Areas for Improvement.      |
| Summary of relevant information such as ability to follow instructions, interaction with coworkers, supervisors, etc.      |
| Overall comments and/or observations.      |
| Was a letter of recommendation requested from site employer?[ ]  Yes [ ]  No |
| If Yes, was it provided?[ ]  Yes [ ]  No If Yes, please attach it with this report. If No, please provide an explanation:       |

**Please add any additional information after this line.**