

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.

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)

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 in Final Month or if no SI is authorized)
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.