

## Job Development Monthly Report

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

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)

General Job Development Customized Employment	Supported Employment Internship/Temporary Work	Individual Placement Student Work Based Learning
Purchase Order (PO Number)	Report Author	
Planned contact standard to be used to identify frequency, how, and where the provider will meet with the consumer (for example, weekly in-person at local library).		
Initial Job Development Plan Date	Revised Plan Date	
Consumer IPE Goal (and approved intermediate alternatives)		

### Monthly Progress

Providers may cut and paste progress notes that include the details in this section below in lieu of completing this section.

What progress was made this month?

What activities took place to support progress?

When did you meet with the consumer?

What is planned for next month?

Consumer Feedback

Employer Feedback

**Please add any additional information or progress notes after this line.**

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