

**VR-O**

**Entry Services**

**Orientation Provider Report Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | | Provider: | Click to enter | | |
| Session Location: | Click to enter | | Date of Session: | | Click to enter | |
| Time of Session Start: | | Click to enter | Time of Session End: | | | Click to enter |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | |  | |  | |  |  |  |
| **Number of Individuals Attending Session:** | | | | | | | Click to enter | | | | | |
|  | |  |  |  | |  | |  | |  |  |  |
| **Did each attending individual complete the Participant Survey?** | | | | | | | | | | | | |
|  | |  | Yes | |  |  | | No | |  |  |  |
| If No, please explain: | | Click to enter | | | | | | | | | | |
|  | |  |  | |  |  | |  | |  |  |  |
| **Referral Sources:** (Please indicate the totals for each referral source) | | | | | | | | | | | | |
| Advertising | | Click to enter | | | | Independent Living Center | | | | | Click to enter | |
| Drug/Rehab Program | | Click to enter | | | | Medical Clinic | | | | | Click to enter | |
| Family/Friends | | Click to enter | | | | Probation/Parole | | | | | Click to enter | |
| High School/Post-  Secondary Education | | Click to enter | | | | Rehabilitation Agency | | | | | Click to enter | |
|  | | | | Other: | | | Click to enter | | | |
|  | | | | |  | |
|  | |  |  |  | |  | |  | |  |  |  |
| **Comments:** | Click to enter | | | | | | | | | | | |
|  | |  |  |  | |  | |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |