

**Job Placement Services**

**Monthly Placement Activity Report**

**Check Appropriate Box:**

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| [ ] 557X Work-Based Learning Experience Development (Student) |
| [ ]  559X Work Experience Development (Adult) |

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| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor name |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  Month of Service: Click to enter a date. | Report Date: Click to enter a date. |

|  |  |
| --- | --- |
| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

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| **Service Information** |
| Summarize the services provided during the report month: (Activities, number of contacts with the customer, level of customer participation, barriers addressed, and ongoing issues needed to be resolved)Click here to enter job development summary.Hours of service provided this report month: Click here to enter hours |

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| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |