



**TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES**  
**Supported Employment Customer Monthly Progress Report**

**Customer Monthly Progress Report for** \_\_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

<b>Customer Name:</b>	<b>VR Counselor Name:</b>	<b>CRP Agency Name:</b>

**Service Information**

<b>Milestone Please check</b>	<b>Consultation Meeting</b>	<b>Career Development &amp; Placement</b>	<b>Career Stabilization &amp; Maintenance</b>	<b>Successful Employment Outcome</b>	<b>Services Interrupted</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Placement Date (Start Date on the Job):** \_\_\_\_\_

**Stabilization Achieved Date:** \_\_\_\_\_ (must coincide with VR Stabilization date as approved by the VR Counselor)

Identify and explain progress, services, barriers addressed and/or ongoing issues to resolve including changing jobs, leaving or reentering program, treatment, labor market, job coaching issues, plan for fading, etc.

- Job Development Contact(s) Attached**       **Hire Report Attached**
- Other,** \_\_\_\_\_

I, the SE Employment Specialist certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain the credentials and training requirements as described in the CRP Service Guide.

Name of the Employment Specialist	Signature:	Date:

Report for                      Month                      Year

**Job Development Contacts (Attach additional pages if necessary)**

**To be submitted each month until placement is secured**

<b><u>Customer Name:</u></b>		<b><u>CRP Agency Name:</u></b>
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<b>Date of Contact</b>	<b>Employer Name</b>	<b>Name of Person Contacted</b>
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<b>Outcome</b>
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<b>Date of Contact</b>	<b>Employer Name</b>	<b>Name of Person Contacted</b>
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<b>Date of Contact</b>	<b>Employer Name</b>	<b>Name of Person Contacted</b>
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<b>Outcome</b>
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Date of Contact	Employer Name	Name of Person Contacted
<b>Outcome</b>          		

Date of Contact	Employer Name	Name of Person Contacted
<b>Outcome</b>          		

**If no placement occurs after the customer and CRP have been working together for a 6 month period, a team meeting is recommended to discuss any issues and the vocational goal, and job search parameters will be reviewed for appropriateness.**