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| SEAL31.TIF | **Monthly Progress Summary**  State Form 56657 (R2 / 11-23)  FAMILY AND SOCIAL SERVICES ADMINISTRATION  DIVISION OF DISABILITY AND REHABILITATIVE SERVICES  VOCATIONAL REHABILITATION (VR) SERVICES |

This form provides a monthly summary to Vocational Rehabilitation on the progress the participant has made. It should be submitted within 10 days following month-end to the Vocational Rehabilitation office email.

**Hours remaining on current authorization** Click or tap here to enter text.

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| Participant Name: | Participant Name | Employment Consultant Name: | Employment Consultant Name |
| Month/Year: | Click or tap to enter a date. | EC Contact Information: | EC Contact Info |
| **Employment Services Status:** *Check all services you have provided this month.* | | | |
| Job Readiness Training  Milestone 1  On The Job Supports Short-Term  Milestone 2  Job Development  Milestone 3  Supported Employment  VR Youth Extended Services  Other *(specify)*:   Click or tap here to enter text. | | | |

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| **1.Number of in-person meetings:** | **Number of remote contacts:** |
| Choose an item. | Choose an item. |
| **2. What took place this month?**  *Summarize and describe activities that were completed with the participant.* | |
| Click or tap here to enter text. | |
| **3. What was learned this month?**  *Include observations of strengths, support needs, and/or barriers. What was one strength that was identified this month? Did the participant need support to complete a task or skill? What worked well and/or what did not work well? If the participant is working, describe progress towards independence, development of natural supports, and successes. Include progress on the goals noted on the Employment Support and Retention Plan (ESRP) or Job Readiness Training Plan (JRT), if appropriate. This information should justify the next steps documented in question 4 below.* | |
| Click or tap here to enter text. | |
| **4. Next month, the participant and employment consultant will:**  *Describe what the participant will do next and the timeframe for completion. Does a meeting need to be scheduled with the VRC or an authorization need to be requested? If the participant is working, be sure to address the progress towards stabilization, the development of natural supports, and potential options for extended services. Does the participant need to follow up re: an accommodation/time off/schedule change request, etc.? What progress is being made towards the goals of the ESRP? What opportunities may be available for growth?* | |
| **1.**Click or tap here to enter text.  **2.**Click or tap here to enter text.  **3.**Click or tap here to enter text.  **4.**Click or tap here to enter text.  **5.**Click or tap here to enter text.  **6.**Click or tap here to enter text. | |