

Agency Name			
Job Developer/Coach			
Participant Name			
Participant ID			
Location of Service(s)			
Type of Service: Job Development Job	Coaching (circle one)		
Month # (insert 1 -9):			
Number of hours completed (1-30):			
Identify types of activities completed:			
□ Resume development			
□ Cover letter			
☐ Communications with employers (letters, emails in person, etc.)			
□ Developing references			
☐ Identifying of potential work place barriers			
☐ Interviewing skills			
□ Vocational assessment profiles			
∃ Job coaching			
☐ Task analysis			
$\Box$ Other(s) – must be defined in more deta	il.		
IPE/Employment Goal:			

Describe detailed information of the activities and hours completed for the month. If resume, cover letter, reference list, vocational assessment profiles, and/or task analysis were developed and/or completed, please, submit with payment requests.

Detailed description of service(s) completed	Date	Start & end times	Hours Completed	Staff Initials
			completed	

Provide detailed progress and challenges observed	during the month:
Provide detailed goals established as next steps:	
Signature of all Agency staff that provided services	for the month:
Signature	Title