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|  | **Tennessee Department of Human Services Vocational Rehabilitation ProgramJob Coaching Progress Report (Non-SE Job Coaching)**  |

**Customer Weekly Progress Report for (specify inclusive dates):**

Click or tap here to enter text.

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| **Customer Name:**Click or tap here to enter text. | **CRP Agency Name:** Click or tap here to enter text. |
| **Name of Job site:**Click or tap here to enter text. |

**Cumulative Job Coaching hours (since referral):** Click or tap here to enter text.

**COMMENTS REGARDING CUSTOMER’S PERFORMANCE**

**Strengths:** Click or tap here to enter text.

**Areas for improvement:** Click or tap here to enter text.

**Customer comments (if applicable):** Click or tap here to enter text.

**Employer comments (if applicable):** Click or tap here to enter text.

**Recommendations (include justification for continued job coaching and estimate of remaining hours needed):** Click or tap here to enter text.

**Date the report content was reviewed with the customer or their representative/guardian:** Click or tap here to enter text.

**CRP Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**JOB COACHING LOG – Customer name:** Click or tap here to enter text.

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| **DAY:** | **HOURS COACHED:** |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Saturday** |  |
| **Sunday** |  |