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| P1C1T1#yIS1 | **Tennessee Department of Human Services Vocational Rehabilitation Program****Project SEARCH® Monthly Progress Report** |

Reporting Period: Month Click or tap here to enter text. Year Click or tap here to enter text. Name of Intern:Click or tap here to enter text.

Community Rehabilitation Provider: Click or tap here to enter text. Project SEARCH® Site:Click or tap here to enter text.

VR Counselor:Click or tap here to enter text.

Vocational Objective (from the IPE):Click or tap here to enter text.

TRAINING

1. **Attendance—Number of training days this reporting period:**Click or tap here to enter text.

**Number of days present:**Click or tap here to enter text.

1. **Describe strengths, talents, personality traits, performance, and other observed assets:**Click or tap here to enter text.

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| --- |
| **Place Check Mark (X) In the Appropriate Box** |
|  | **Excellent** | **Good** | **Average** | **Poor** |
| **Work Speed and Quality** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Follows Instructions** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Ability to Get Along With****Others** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Personal Appearance &****Hygiene** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Staying on Task** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Work Tolerance** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Response to Supervision** | [ ]  | [ ]  | [ ]  | [ ]  |

1. **Recommendations for improving performance:**Click or tap here to enter text.
2. **Other concerns:**Click or tap here to enter text.
3. **Current rotation:**Click or tap here to enter text.
4. **Remarks:**Click or tap here to enter text.

Signature of CRP: Click or tap here to enter text.

Date: Click or tap here to enter text.

**Project SEARCH® Attendance Log**

**This is a template. CRPs may create and use their own form as long as the information and signatures are captured.**

 **Agency: Intern:**

**Report Month:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week 1** | **Date** | **Time In** | **Time Out** | **Intern Signature** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

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| **Week 2** | **Date** | **Time In** | **Time Out** | **Intern Signature** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

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| **Week 3** | **Date** | **Time In** | **Time Out** | **Intern Signature** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

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| **Week 4** | **Date** | **Time In** | **Time Out** | **Intern Signature** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Week 5** | **Date** | **Time In** | **Time Out** | **Intern Signature** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

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| **Total days of attendance this month:** |  |

 **Signature of Agency Representative:**

 **Date:**