

Job Development Monthly Report Form

Job Candidate Name:

Service: Job Development

CRP Staff:

Month:

1. Services Provided

- | | |
|---|--|
| <input type="checkbox"/> Completed Application (list businesses below)
<input type="checkbox"/> Application Follow-Up
<input type="checkbox"/> Interview Skills
<input type="checkbox"/> Interview
<input type="checkbox"/> Mock Interview
<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Career Counseling
<input type="checkbox"/> Employment Preparation/Training | <input type="checkbox"/> Resume building
<input type="checkbox"/> Employer Development
<input type="checkbox"/> Disability Awareness Training
<input type="checkbox"/> Plan for Natural Supports
<input type="checkbox"/> Hiring Event
<input type="checkbox"/> Reasonable Accommodation(s)
<input type="checkbox"/> Other _____ |
|---|--|

2. Employers contacted

Business Name	Phone	In-Person	Interview
	<input type="checkbox"/> Phone	<input type="checkbox"/> In-person	<input type="checkbox"/> Interview
	<input type="checkbox"/> Phone	<input type="checkbox"/> In-person	<input type="checkbox"/> Interview
	<input type="checkbox"/> Phone	<input type="checkbox"/> In-person	<input type="checkbox"/> Interview
	<input type="checkbox"/> Phone	<input type="checkbox"/> In-person	<input type="checkbox"/> Interview
	<input type="checkbox"/> Phone	<input type="checkbox"/> In-person	<input type="checkbox"/> Interview

3. A description of any newly identified barriers to successful employment:

4. Feedback from Employers/Businesses contacted:

5. CRP Comments/Next Steps:

If Employment is obtained, complete the following to submit to IVRS with a finalized Job Analysis Form.

Business name	Address	Position	Hours per week	Wage/hr	Start Date

Service provided: Job Development

Date(s) of service and hours worked each date:

Total number of hours worked:

CRP Signature:

CRP staff submit this form to IVRS with any narrative needed to document the provision of this service.