# Department of Rehabilitation (DOR) Student Services

# Work Experience Hour Based Progress Report (02.2023)

This report summarizes work experience service activities, progress, outcomes, adjustment of goals, and recommendations of next steps. **Instructions on how to complete this report can be found at the end of this document.**

## Contact and Intake Appointment Information

CRP Agency Name:

Student Name:

Student Phone:

DOR QRP Name:

DOR QRP Email and Direct Phone:

Worksite Business Name and Address:

Worksite Supervisor Name and Phone:

Reporting Period Begin Date:  Reporting Period End Date:

Work Experience Hours Used (if applicable):

Work Experience Hours Remaining:

## Report Number:

[ ]  First Report (30 hours) [ ]  Second Report (30 hours)

[ ]  Third/Final Report (40 hours)

## DOR Student Services Paid Work Experience Progress

Measure progress toward identified goals using the Individual Service Plan (ISP) Report.

### Items attached to Progress Report:

#### Worksite Documents

[ ]  Application

[ ]  Resume

[ ]  Emails pertaining to worksite location

[ ]  Other (please specify):

#### Schedule / Hours

[ ]  Official schedule from worksite

[ ]  Timesheet signed by worksite supervisor

[ ]  Other (please specify):

### Progress Report Summary:

#### Job Title / Work Activities:

Describe job title and work activities the student performed during the reporting period:

#### Goals, Strategies, and Progress Tracking:

Summarize goal(s) and strategies and describe method for tracking progress:

#### Progress Towards Goals:

Summarize Student’s progress towards goals:

#### Contacts Made:

List and describe each contact with the student and / or the worksite supervisor during the reporting period:

#### Service Change Recommendations:

Summarize recommendations for service changes and / or worksite reasonable accommodations (if any):

#### Student / Business Feedback on Work Experience (for third / final report only):

Summarize Student feedback and business feedback on the work experience. What future work experience or preparation service would you recommend that would help this student reach his / her / their career aspiration?

## Signature and Contact Information

CRP Staff Name and Title:

CRP Staff Phone:

CRP Staff Signature:

Date Signed:

## Distribution

[ ]  Student [ ]  DOR QRP [ ]  CRP file

**NOTICE** This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.

## Instructions for Completing SWE Hour Based Progress Report

This document is a template. The Community Rehabilitation Program (CRP) may submit the required reporting information in writing using this template or in another format. The information the CRP is required to submit is included in the CRP Guide to Certification & Vendorization in each DOR Student Services (Pre-ETS) service description under the Reporting Requirements section. See the information below for instructions on completing the DOR Student Work Experience Hour Based Progress Report.

### CRP Agency Name:

Name of organization authorized to provide Paid Work Experience to the referred student.

### Student Name:

The individual referred from the DOR, who is served by the service provider organization completing the DOR Student Services Paid Work Experience Hours Based Progress Report.

### Student Phone Number:

Phone number for the student.

### DOR QRP Name

Name of DOR Rehabilitation Counselor / QRP who referred the student for provision of service.

### DOR QRP Email and Direct Phone Number

The email address and direct phone number of the DOR Rehabilitation Counselor / QRP who referred the student for provision of service.

### Worksite Business Name and Address

Name and address of the organization giving the student the opportunity to perform work activities at their location. This is not the employer of record unless the employer of record / CRP is also where the work experience is located.

### Worksite Supervisor Name and Phone Number

Name and phone number of worksite supervisor to whom the student reports directly.

### Report Number

Thirty-hour period for the first two reports. Forty-hour period for the third and final report. The beginning and ending point will vary depending on completion of the ISP Report.

#### First report

Checking “First Report” indicates the report for the first 30-hour period of the work experience after completion of the ISP Report and the Worksite Materials Development Parameters portion of the ISP Report. In addition to the DOR Student Work Experience Progress Report, all required supplemental information must be submitted.

#### Second Report

Checking “Second Report” indicates the report for the second 30-hour period of the work experience after completion of the ISP Report and the Worksite Materials Development Parameters portion of the ISP Report. Only the DOR Student Work Experience Progress Report is required.

Attaching significant correspondence is welcome. If attaching, check the “Emails Pertaining to Worksite Location” checkbox in the “Items Attached to Progress Report” section.

#### Third/Final Report

Checking “Third/Final Report” indicates the report for the final 40-hour period of DOR Student Work Experience after completion of the ISP Report and the Worksite Materials Development Parameters portion of the ISP Report.

In addition to the DOR Student Work Experience Progress Report, all required supplemental information must be submitted. Provide student and business feedback on the work experience. Recommend any future work experience or preparation service that would help this student reach their career aspiration.

Attaching significant correspondence is welcome. If attaching, check the “Emails Pertaining to Worksite Location” checkbox in the “Items Attached to Progress Report” section.

### Progress Report Summary

#### Job Title / Work Activities:

A brief explanation of the job title, work environment, job duties / responsibilities, schedule / shift, and attitude / behavior at work during the reporting period.

#### Goals, Strategies, and Progress Tracking:

Restate each goal, strategy, and method for tracking progress for each goal established in the ISP Report.

#### Progress Towards Goals:

Using the progress tracking method established for each goal in the ISP Report and the Worksite Materials Development Parameters section of the ISP Report, describe the measured progress made toward achieving each goal.

#### Contacts Made:

For each contact, list the date / time, name of contact, purpose of the contact, and the outcome of the contact. The outcome is whatever new information is learned, based on the contact, about the student and / or the work setting.

#### Service Change Recommendations:

Based on observation or contact with the student and / or worksite supervisor, list reasonable accommodations to support the student’s full participation and interaction with non-disabled peers at the worksite.

#### Student / Business Feedback:

Summarize the student’s feedback as well as the business feedback on the work experience. What future work experience or preparation service would you recommend that would help this student reach his / her career aspiration?