

VR/WAP - MONTHLY WORK SERVICES REPORT

Report Month/Year: _____

DR372 (New 02/08)

Facility:	WAP #:	Consumer:	UCI #:
WAP Contact Name / Phone:		DOR Counselor:	DOR District:

BARRIERS TO SUPPORTED EMPLOYMENT (List progress since last report, proposed interventions and estimated date of barrier removal for each area indicated under "Comments"):

Attendance: _____ % Satisfactory (80% - 100%) Needs Improvement (Below 80%)

Calls if Absent	Yes	No	Punctual	Yes	No
Prompt Break Return	Yes	No	Change from last report	Yes	No

Comments (including Reason for Change, Progress, Needs, Interventions and Timeframes):

Productivity: _____ % Hours work per week (in WAP): _____ Wage: \$ _____

Change from last report	Yes	No
-------------------------	-----	----

Comments (including Reason for Change, Progress, Needs, Interventions and Timeframes):

Work Assignments Evaluated (Specific Tasks):

Work Performance:

Good Work Quality	Yes	No	Shows Initiative	Yes	No
Completes Tasks	Yes	No	Sufficient Work Stamina	Yes	No

Comments (including Reason for Change, Progress, Needs, Interventions and Timeframes):

Work Behavior:

Gets Along With Others	Yes	No	Groomed Appropriately	Yes	No
Positive Attitude	Yes	No	Accepts Supervision	Yes	No

Comments (including Reason for Change, Progress, Needs, Interventions and Timeframes):

Additional Issues/Comments:

Form Completed By:	Email Address:	Phone:
--------------------	----------------	--------

Distribution: DOR Counselor DOR District Office Regional Center

NOTICE: This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.