

**BASIC INFORMATION**

Individual Name	Counselor Name
Provider Name	Employment Specialist Name
Vocational Goal	Total Billable Hours for this activity

Please Note: only direct service to the Individual is considered billable.

Direct service is time spent with the Individual or on behalf of the Individual. Attempt to contact the Individual, transportation time to meet the Individual, etc., are not considered billable.

**ACTIVITY**

Date of Activity	Exact time activity took place
Activity Description	

## RESULTS

What was learned

Does this activity end with the Individual securing employment? (Choose one)

Is the Individual still satisfied with their vocational goal? (Choose one)

Does the vocational goal need to be amended? (Choose one)

If yes, provide an explanation as to why the vocational goal needs to be amended?

If the vocational goal needs to be amended, the counselor must be notified within 2 business days.

**Other important information**

**NEXT STEPS**

**What would you like to learn more about?**

**When and where will the next activity take place?**

Submit to the OVR Counselor by the 5<sup>th</sup> of each month.

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