# Department of Labor

**DIVISION OF VOCATIONAL REHABILITATION**

**Supported Employment**

**Job Search Activity Report**

Name of Consumer: Click or tap here to enter text.

Provider: Click or tap here to enter text.

DVR Counselor: Click or tap here to enter text.

Date: Click or tap to enter a date.

## Job search activity reports are required by the 10th of each month until consumer reaches Job Placement

## Specific areas to be addressed for the job search activity report between Consumer VR Counselor and Vendor:

|  |  |
| --- | --- |
| Topics |  |
| Job Search Activities | Please use corresponding text entry box below |
| Description of job applications | Please use corresponding text entry box below |
| Description of job interviews | Please use corresponding text entry box below |
| Progress made towards extended supports | Please use corresponding text entry box below |

|  |
| --- |
| Job Search Activities  Click or tap here to enter text. |

|  |
| --- |
| Description of job applications  Click or tap here to enter text. |

|  |
| --- |
| Description of interviews  Click or tap here to enter text. |

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| --- |
| Progress made towards extended supports  Click or tap here to enter text. |

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| Recommendations  Click or tap here to enter text. |

Consumer/Guardian Signature Date/Time Field

Provider (Sign and Print)

Date/Time Field

VR Counselor Signature

Date/Time Field