

SUPPORTED EMPLOYMENT - PLACEMENT SERVICES PROGRESS REPORT

DR382 (Rev. 11/20)

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SE Service Provider:	Consumer:	Authorization/Reporting Period:
Job Developer:	DOR Counselor:	DOR Office:
Job Developer Email:	DOR Counselor Email:	DOR Counselor Fax:

 First Report (include information on intake in summary)

 Ongoing Report

Consumer Participation (follow through on appointments and assignments, attitude, motivation, punctuality, direct employer contact, job interviews):


Summary of Consumer and Job Developer Activity (dates and names of employers contacted, position title, and specific results. For first report, document completion of the SE intake including consumer's preferences of location and employers to contact.):

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Reason(s) consumer is not yet placed:**Plan of action (or reason for termination):****Additional Authorization for Services Needed?** Yes No

SE Service Provider Signature:	Email Address:	Phone Number:	Date Signed:
			

Distribution: DOR Counselor (via email or fax) DOR District Office (with Invoice)**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.