



Case Information

Customer's name:	Case ID:
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Service authorization (SA) number:

Project SEARCH Rotation Goals

Instructions: In the first column below, check Yes if the goal is identified for the customer. If the goal is selected for the customer, individualize the goal, where indicated.

Yes	No	1. Assist the Customer in learning skills necessary to meet the expectations of the host business site. Skills to be addressed:
Yes	No	2. Identify performance issues and implement a plan of action to improve the performance of the Customer. Plan of action:
Yes	No	3. Evaluate and make recommendations for support and training needs, accommodations, adaptive equipment, and job aids to ensure safe and efficient performance by the Customer at the host business site. Potential Areas of Focus:
Yes	No	4. Establish support and training needs, accommodations, aids necessary to remove barriers and ensure a successful internship rotation for the Customer and host business site. Barriers to be removed:
Yes	No	5. Observe, monitor, and make recommendations related to the Customer's performance of tasks, use of aids, and need for accommodations to remove barriers and help the Customer have a successful internship rotation. Potential Areas of Focus:
Yes	No	6. Gradually reduce the time spent with the Customer at the host business site, as the Customer becomes better adjusted and more independent. Potential Areas of Focus:
Yes	No	7. Additional goals:

Project SEARCH Internship Rotation Demographics

Host business's name:	
Description of internship rotation:	
Start date:	End date:
Host business supervisor's name:	Host business supervisor's job title:
Host business supervisor's phone number: ()	Host business supervisor's email address:

Admits mistakes		
Cooperative and courteous		
Communication	Score:	Must comment on a minimum of 3:
Listens and pays attention		
Expresses personal needs (restroom breaks, doctors' visits, etc.)		
Respects the rights and privacy of others		
Asks for help and clarification as needed		
Communicates adequately (that is, initiates conversation, does or does not interrupt, and so on)		
Appearance	Score:	Must comment on a minimum of 3:
Maintains clean appearance		
Dresses appropriately for the job or internship		
Attends to personal hygiene		
Job Performance	Score:	Must comment on a minimum of 3:
Follows directions		
Accepts constructive criticism and/or feedback		
Follows rules and regulations		
Completes tasks accurately		
Arrives on time and leaves on time		
Attends to job tasks consistently		
Works at appropriate rate		
Initiates new tasks		
Works well with co-workers		
Follows proper chain of command		
Problem solves and/or makes decisions		

Essential Hard Skills to Be Demonstrated

Indicate the hard skills, job skills, and job-related responsibilities observed, as they relate to the internship position for this rotation.	Score:	Comments:

Customer Signatures

Verification of the customer’s satisfaction and service delivery obtained by:
 Handwritten signature Digital signature (See VR-SFP 3 on Signatures)
 By sending a copy of the document returned with a scanned signature
 Unable to obtain signature, describe attempts:
 Email verification, per VR-SFP 3 (must be attached)

By signing below, I, the customer, certify that I received the service as recorded within the report above. If you are not satisfied with the service, contact your VR counselor.

Customer’s signature: X	Date Signed:
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Provider Signatures

Skills Trainer

By signing below, I certify that:

- the above dates, times, and services are accurate;
- I personally completed the Progress Report collecting information about the Customer through direct services and as appropriate, the Customer’s internship mentors and Project SEARCH support team;
- I documented a minimum of three (3) hours each week of time spent towards addressing the customer’s goals;
- I personally facilitated all training, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization;
- The customer provided verification above via signature or other acceptable method.

Typed or Printed name:	Signature: (See VR-SFP 3 on Signatures) X	Date Signed:
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Select all that apply:
 UNTWISE Credentialed with ID: VR3490-Waiver Proof Attached

Director

Director Typed or Printed name:	Director Signature: (See VR-SFP 3 on Signatures) X	Date Signed:
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Select all that apply: UNTWISE Credentialed with ID: VR3490-Waiver Proof Attached

VRS Use Only

Any VR staff member may complete the VRS Use Only section. If any question below is answered no or if the report is incomplete, return the invoice to the provider with the VR3460. Follow the instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices.

Provider Qualifications Verification

Director's Credential:

UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:
 maintained or waived the UNTWISE Director Credential
 did **not** hold a valid UNTWISE Director Credential

Skills Trainer's Credential:

UNTWISE website or attached VR3490 verifies, for the dates of service, the Skills Trainer listed above:
 maintained or waived the required UNTWISE Credential
 did not hold a valid UNTWISE Credential

Report Verification

Verified that the report is accurate and complete, per form instructions and SFP 16	Yes	No
Verified that the customer received the service via signature on the form or other method	Yes	No
Verified that the service was provided within the dates on the SA	Yes	No
Verified that the appropriate fee was invoiced	Yes	No

VR staff name: _____ **Date:** _____