

**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:
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Distribution:     DOR Counselor     DOR District Office     Regional Center

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