

CE Employer Development Report

Individual's Name: _____ Contractor Name: _____

DRS Counselor Name: _____

Employer (Business Name): _____

Address: _____

Street Address

City

State

Zip Code

Employer Contact: _____

First and Last Name

Job Title: _____

Email address: _____

Phone Number(s) (Office): _____ (Cell): _____

Outcome Narrative: (List individual employer contact date(s), type(s) of contact – i.e. initial meeting, tour/employee observation, employer needs analysis, customized job negotiation, etc., and outcome/description of each contact)

EC Name: _____ Completion Date: _____