

DRS Counselor Monthly Update Form

CID:

Individual's Name:Contractor:

DRS Counselor:EC Name:

Contract Name: DateCurrent Service:

Service Begin DateDates Covered:to

Authorization #:Period Not More Than One Month Total

Select "Yes", "No" or "NA" in response to the statements below:

- Yes

No

The individual maintains regular contact with the EC.
- Yes

No

The individual is cooperative and demonstrates motivation to work.
- Yes

No

NA

The individual is performing job duties as the employer expects.
- Yes

No

NA

The individual notifies the EC when concerns or difficulties occur on the job.

Please complete the narrative section below to summarize the individual’s progress for the last month. For example: assessments performed; applications and résumés submitted; interviews; employer contacts; concerns of the employer or EC regarding work skills and behaviors, fading progress, how much time does the EC have to spend with the individual for each shift, and; how the EC is addressing these issues. If nothing is happening, please explain fully.