

# Comprehensive Transition and Post-Secondary Program Report

<b>Consumer Name:</b>	<b>Consumer's Birthdate:</b>
<b>OVR Counselor:</b>	
<b>Consumer's Employment Goal:</b>	
<b>Activities:</b>	
<b>Summary of Progress:</b>	
<b>Areas that Need Improvement:</b>	
<b>Plan for Next Semester:</b>	

**Signature:** \_\_\_\_\_

## Work Experiences

Consumer Name:

Intern Site:

Job Title:

Contact Person(s) Name:

Phone Number(s):

Summary of Training: