**Post-Secondary Inclusion Program**

**Monthly Report**

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| **Consumer Name:** Click here to enter text. | **Consumer’s Birthdate:** Click here to enter text. |
| **OVR Counselor:** Click here to enter text. | |
| **Consumer’s Employment Goal:**  Click here to enter text. | |
| **Monthly Activities:**  Click here to enter text. | |
| **Summary of Progress:**  Click here to enter text. | |
| **Areas that Need Improvement:**  Click here to enter text. | |
| **Plan for Next Month:**  Click here to enter text. | |

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| Signature: |  |

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| **Internships** | |
| **Consumer Name:** Click here to enter text. | |
| **Intern Site:** Click here to enter text. | **Job Title:** Click here to enter text. |
| **Contact Person(s) Name:** Click here to enter text. | **Phone Number(s):** Click here to enter text. |
| **Monthly Summary of Training:**  Click here to enter text. | |