

**Post-Secondary Inclusion Program
Monthly Report**

Consumer Name:	Consumer's Birthdate:
OVR Counselor:	
Consumer's Employment Goal:	
Monthly Activities:	
Summary of Progress:	
Areas that Need Improvement:	
Plan for Next Month:	

Signature: _____

Internships

Consumer Name:

Intern Site:

Job Title:

Contact Person(s) Name:

Phone Number(s):

Monthly Summary of Training: