Career Exploration Report (Use one form per activity – minimum of three activities required)

Individual's Name:	
Contractor Name:	
DRS Counselor Name:	
Type of Career Exploration Activity:	
Date Activity Completed:	
Business/Employer Name:	
Name of Contact Person:	Job Title:
Phone Number:	E-mail Address:
Total Duration of Activity (Total Hours Onsi	te):
Total Amount Billed:	
•	Activity including observations and results. List any ining needs, etc. identified during this activity.
EQ Nome:	Data
EC Name:	Date: