Individual: Contractor: Contract: Employer:						DRS Counselor:		
						Employment Consultant:		
						Milestone / Service:		
						Job Title:		
Week #		Hours	Time On-Site	Time Off-Site	Time Spent w/Employer		IPE Weekly Work Goal:	
Day	Date	Worked		by EC	by EC	Supports Provided / Issues Addressed, etc.		
l								
2								
3								

Weekly Comments:

4

5

6

7

Individual: _ Contractor: _ Contract: _ Employer: _						DRS Counselor: Employment Consultant: Milestone / Service: Job Title:	
Week #		Hours	Time On-Site	Time Off-Site	Time Spent w/Employer		IPE Weekly Work Goal:
Day	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.	
1							
2							
3							

4

5

6

7

Pg. 1 Total Hours:

Weekly Comments:

Inc	dividual:					DRS Counselor:			
Contractor: Contract: Employer:						Employment Consultant:			
						Milestone / Service:	ilestone / Service:		
		Job Title:							
Week #		Hours	Time Tim	Time Off-Site	Time Spent		IPE Weekly Work Goal:		
Day	Date	Worked	by EC	EC by EC by EC					
1									
2									
3									
4									

Pg. 1 Total Hours:

5

6

7

Inc	dividual:		DRS Counselor:							
Contractor:						Employment Consultant:	Employment Consultant:			
Contract:			Milestone / Service							
		Job Title:								
Week #			Time On-Site	Time Off-Site	Time Spent w/Employer		IPE Weekly Work Goal:			
Day	Date	Hours Date Worked	5	by EC	by EC	Supports Provided / Issues Addressed, etc.				
1										
2										
3										
4										
5										
6										
7										
Pg	g. 1 Total Hours	:								
Monthly Total Hours:										
Veekl	y & Milestone/S	Service Comp	pletion Comm	ients:	•					

Submitted by:

Date Submitted:_____