

DRS Counselor Monthly Update Form

CID:

Individual's Name:

Contractor:

DRS Counselor:

EC Name:

Contract Name: Date

Current Service:

Service Begin Date

Dates Covered: to

Authorization #:

Period Not More Than One Month Total

Select **"Yes"**, **"No"** or **"NA"** in response to the statements below:

- | | | | |
|------------|-----------|-----------|--|
| Yes | No | | The individual maintains regular contact with the EC. |
| Yes | No | | The individual is cooperative and demonstrates motivation to work. |
| Yes | No | NA | The individual is performing job duties as the employer expects. |
| Yes | No | NA | The individual notifies the EC when concerns or difficulties occur on the job. |

Please complete the narrative section below to summarize the individual's progress for the last month. For example: assessments performed; applications and résumés submitted; interviews; employer contacts; concerns of the employer or EC regarding work skills and behaviors, fading progress, how much time does the EC have to spend with the individual for each shift, and; how the EC is addressing these issues. If nothing is happening, please explain fully.

Date Emailed to DRS Counselor: