

Job Development and Placement Activities Log (Milestone 1)

Consumer: _____ Vendor: _____

LRS Counselor: _____ Case Number: _____

I. DATES AND NAMES OF EMPLOYER CONTACTS

(The contacts must reflect results of the community-based assessment and narrative report and must include the documentation of the results of the contacts with 3 employers identified in the Assessment):

1. Date: _____ Employer: _____
Results: _____

2. Date: _____ Employer: _____
Results: _____

3. Date: _____ Employer: _____
Results: _____

4. Date: _____ Employer: _____
Results: _____

II. LIST THE NAMES AND DATES OF ANY OTHER INDIVIDUALS CONTACTED AND THE RESULTS OF THOSE CONTACTS:

1. Date: _____ Name: _____
Results: _____

2. Date: _____ Name: _____
Results: _____

3. Date: _____ Name: _____
Results: _____

4. Date: _____ Name: _____
Results: _____

III. NAMES AND DATES OF CONSUMER CONTACTS AND RESULTS:

1. Date: _____ Name: _____
Results: _____

2. Date: _____ Name: _____
Results: _____

3. Date: _____ Name: _____
Results: _____

4. Date: _____ Name: _____
Results: _____

IV. SUMMARY OF RESULTS AND ADDITIONAL COMMENTS OR CONTACTS:

Vendor Signature: _____

Date: _____