

## **Job Development and Placement Activities Log Time-Limited Job Coaching (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: