JOB PLACEMENT FEEDBACK REPORT

Counselor: Consumer:

Vendor: Month of:

* + 1. Monthly Progress

Works well to obtain employment: Yes No

Has the following work related needs / barriers:

* + 1. Employment Information

Employed with

Job Title

Rate of pay per and working hours per week

The hire date for employment is / was

Follow-up contact was made on concerning job retention

satisfactory performance

unsatisfactory performance

Counselor, consumer and vendor need to meet

* + 1. Successful Completion of Competitive Employment Outcome

Placement

Job retention for 90-days with follow-up

* + 1. Unsuccessful Employment Outcome

Failure to corporate

Failure to maintain or loss of contact

Other

Comments:

Vendor Staff: Date:

Consumer: Date: