

***Supported Employment / Non Supported Employment  
Job Preparation Services Report***

<b>REPORT PROVIDED BY:</b> _____ <b>Phone:</b> _____
<b>AGENCY (VENDOR) REPORTING:</b> _____
<b>SUBMITTED TO ORS COUNSELOR:</b> _____

**Authorization #:** \_\_\_\_\_

**Dates of Participation:** \_\_\_\_\_ - \_\_\_\_\_ **Final Report Date:** \_\_\_\_\_

Customer Name:
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**I. SE Job Preparation Services:**

Areas Addressed	Performance Findings
<b>Job Seeking Skills</b>	
<b>Interviewing Skills</b>	
<b>Appearance/Hygiene</b>	
<b>Barriers to Employment</b>	
<b>Interpersonal Skills</b>	
<b>Resume</b>	
<b>Work History Issues</b>	
<b>Areas of Strength</b>	
<b>Areas that Need Improvement</b>	

**II. Travel Assessment and Training:**

<b>Baseline Assessment</b>	
<b>Interventions</b>	
<b>Skill Level Post Training</b>	
<b>Comments</b>	

**III. Recommendations: (Next steps toward employment goal)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_