

SE Training and Supports

(This report may be used for initial 12 weeks, as well as for 8 week extension)

REPORT PROVIDED BY: _____ PHONE: _____

AGENCY (VENDOR) REPORTING: _____

SUBMITTED TO ORS COUNSELOR: _____

Authorization #: _____

Dates of Training and Supports Provided: _____

Final Report Date: _____

Customer Name: _____

- **Please provide narrative report of Training and Support Services provided.**
- **Please include areas of support that were addressed.**
- **Please summarize with progress and describe current support needs, as well as how they are provided (on/off site or combination).**