MONTHLY PROGRESS SUMMARY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DIVISION OF VOCATIONAL REHABILITATION
SFN 1101 (9-2014)

Clear Fields

Name	Month/Year of Service
Employer	Date Hired
Position	Current Wage Per Hour
Agency Name/Community Rehabilitation Provider	Total Hours Client Worked
☐ Individual Placement ☐ Group Placement	Total Hours of Job Coaching
Number in Group (if group placement)	Percent of Intervention/Client Training

☐ Job Development Placement ☐ Supported Employment Program ☐ Summer Work Experience
☐ Extended Services ☐ Other

1 - Unacceptable Fails to meet minimum requirement
2 - Needs Improvement Performance below acceptable level
3 - Adequate Meets basic position requirements
4 - Exceptional Performance at level expected from qualified individual

Work Skills:	**1**	**2**	**3**	**4**
Attendance/punctuality	☐	☐	☐	☐
Relation to co-workers/public	☐	☐	☐	☐
Interactions with supervisor(s)	☐	☐	☐	☐
Follows instructions	☐	☐	☐	☐
Ability to work independently	☐	☐	☐	☐
Complies with rules and regulations	☐	☐	☐	☐
Knowledge of work	☐	☐	☐	☐

Work Skills:	**1**	**2**	**3**	**4**
Acceptance of criticism	☐	☐	☐	☐
Attitude toward job	☐	☐	☐	☐
Work ethic	☐	☐	☐	☐
Quality of work	☐	☐	☐	☐
Quantity of work	☐	☐	☐	☐
Grooming and hygiene	☐	☐	☐	☐

Describe specific and detailed areas that continue to require training

Describe areas showing improvement from the last report

Recommendations/Comments

Provider Signature	Date

Submit narrative notes along with this form.