# CO_1C_BLACK_SLDSkill smart monthly program report

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Region:** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **Total** |
| Contacts |  |  |  |  |  |  |  |  |  |
| Referrals |  |  |  |  |  |  |  |  |  |
| Denials |  |  |  |  |  |  |  |  |  |
| **Reason for Denials:** | | | | | | | | | |

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| --- | --- |
| **Average Age of Onset** |  |
| **Average Age of Referral** |  |
| **Average Brain Injuries per Customer** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Region:** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **Total** |
| Exploration |  |  |  |  |  |  |  |  |  |
| Skill Development |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |

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| **Region:** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **Total** |
| Intakes |  |  |  |  |  |  |  |  |  |
| Pre-Skills |  |  |  |  |  |  |  |  |  |
| Post-Skills |  |  |  |  |  |  |  |  |  |

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| --- | --- |
| Referrals to Work Smart: |  |
| Referral to Other Agencies: |  |
| Case Closures: |  |
| * Reasons: |  |

|  |  |
| --- | --- |
| Community Service Site Contacts: |  |
| Community Service Site Partnerships: |  |

|  |  |
| --- | --- |
| **Marketing Presentations:** | **Number of Attendees:** |
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|  |  |
|  |  |
|  |  |

**Challenges:**

* X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Customer Successes:**

**Additional Comments:**