State of Nevada Bureau of Vocational Rehabilitation
Job Development Services Report

Participant’s Name: ___________________________ Date of Report: ___________________________

Case ID#: ___________________________ Contractor Name: ___________________________
Rehabilitation Counselor: ___________________________ Contractor Company: ___________________________
Vocational Goal: ___________________________ Contractor Contact Information: ___________________________
Reporting Period: ___________________________

Services Provided (Check and submit one service per report):
*Note: If more than one service is checked the report will be rejected and sent back for correction.
Must submit at least one report per month.

☐ Job Seeking Services ☐ Non-Supported Employment
☐ Resume Development ☐ Supported Employment
☐ Advocacy ☐ Supported Employment Job Fit Analysis
☐ Tutoring ☐ Customized Employment
☐ Non-Supported Employment
☐ Job Coaching

<table>
<thead>
<tr>
<th>Date</th>
<th>Specific Time - Start and End</th>
<th>Total Time</th>
<th>Type of Participant Contact</th>
<th>Methods, Activities, Tasks and Progress:</th>
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Issues that arose this month or remain unresolved (health, behavior, transportation, child care, etc.):
____________________________________________________________________________________

Past issues that have improved or been resolved: __________________________________________

____________________________________________________________________________________

Contractor Signature: ___________________________ Date: ___________________________

Please submit the completed report to the Business Development Team at businessdevelopment@detr.nv.gov