# MONTHLY PROGRESS SUMMARY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 1101 (2-2026)

Click Here to Clear Field Data

| Client Name | Counselor Name | Month/Year of Service |
|---|---|---|
| Employer | | Date Hired |
| Position | | Current Wage Per Hour |
| Agency Name/Community Rehabilitation Provider | | Total Monthly Hours Client Worked |
| Total Monthly Hours of Job Development | Total Monthly Hours of Job Coaching | |
| Total Monthly Hours of Travel | Percent of Intervention (Job Coaching Hours divided by Hours Client Worked) | |

Applicable Programs: Check all that apply

- ☐ Student Work Experience
- ☐ Adult Work Experience
- ☐ Supported Employment
- ☐ Job Development and Placement (JDP), Only
- ☐ On-the-Job Supports, Short-term (Only)
- ☐ JDP and On-the-Job Supports, Short-term
- ☐ Customized Employment (Only Approved Providers)

| Number of Applications Completed | Number of Interviews Completed |
|---|---|
| | |

Select one rating of 1 through 4 for each question:

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

| Work Skills | Work Skills Rating | Job Functions Performed | Job Functions Rating |
|---|---|---|---|
| Attendance/punctuality | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Relation to co-workers/ public | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Interactions with supervisor(s) | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Follows instructions | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Ability to work independently | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Complies with rules and regulations | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Knowledge of work | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Acceptance of criticism | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Attitude toward job | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |

| Work Skills | Work Skills Rating | Job Functions Performed | Job Functions Rating |
|---|---|---|---|
| Work ethic | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Quality of work | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Quantity of work | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |
| Grooming and hygiene | ☐1 ☐2 ☐3 ☐4 | | ☐1 ☐2 ☐3 ☐4 |

Describe Specific and Detailed Areas that Continue to Require Training

Describe Areas Showing Improvement from the Last Report

Recommendations/Comments

**Days and Hours**

| Day | Description | Total Hours | Agency/ Staff Initials |
|---|---|---|---|
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| | | | |
| | **Total Intervention Hours Page 3** | | |

**Days and Hours**

| Day | Description | Total Hours | Agency/ Staff Initials |
|---|---|---|---|
| | | | |
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| | | | |
| | **Total Intervention Hours Page 4** | | |

**Days and Hours**

| Day | Description | Total Hours | Agency/ Staff Initials |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
| | **Total Intervention Hours Page 5** | | |

**Days and Hours**

| Day | Description | Total Hours | Agency/ Staff Initials |
|---|---|---|---|
| | | | |
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| | | | |
| | | | |
| | **Total Intervention Hours Page 6** | | |

**Days and Hours**

| Day | Description | Total Hours | Agency/ Staff Initials |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | **Total Intervention Hours Page 7** | | |

| | |
|---|---|
| **TOTAL Intervention Hours of Pages 3-7** | |

| Completed By | Title | Date |
|---|---|---|
| | | |

For any additional comments or information, attach additional file.

## Instructions for completing the Monthly Progress Summary SFN 1101

**Client Name:** Enter the full legal name of the client receiving services.
**Counselor Name:** Enter the full name of the client's VR counselor.
**Month/Year of Service:** Indicate the month and year for which services are being reported. For example, January 2026.
**Employer:** List the name of the employer where the client is currently working.
**Date Hired:** Enter the client's official start date with the employer.
**Position:** Specify the client's job title or position.
**Current Wage Per Hour:** Enter the client's current hourly wage.
**Agency Name / Community Rehabilitation Provider:** Enter the name of the agency providing employment or rehabilitation services.
**Total Monthly Hours Client Worked:** Record the total number of hours the client worked during the reporting month.
**Total Monthly Hours of Job Development:** Enter the total number of hours spent on job development activities during the month.
**Total Monthly Hours of Job Coaching:** Enter the total number of hours spent providing job coaching.
**Total Monthly Hours of Travel:** Enter the total travel time associated with providing services.
**Percent of Intervention:** Calculate and enter the percentage by dividing total job coaching hours by total hours the client worked. Job Coaching Hours ÷ Client Worked Hours = Percent of Intervention
**Service Type:** Check all boxes that apply to the services provided:
**Number of Applications Completed:** Enter the total number of job applications completed by or with the client during the reporting period.
**Number of Interviews Completed:** Enter the total number of interviews attended by the client during the reporting period.
**Performance Rating Scale:** Use the following rating scale for all skill and job function areas:

- **1 - Unacceptable:** Fails to meet minimum requirements
- **2 - Needs Improvement:** Performance below acceptable level
- **3 - Adequate:** Meets basic position requirements
- **4 - Exceptional:** Performance at or above expected level

Leave empty skills not used.
List job duties performed by the client. For each function, check the appropriate performance rating (1- 4).
**Describe Specific and Detailed Areas that Continue to Require Training:** Provide a clear explanation of skills or tasks that still require improvement or ongoing training.
**Describe Areas Showing Improvement from the Last Report:** Identify measurable or observable improvements since the previous reporting period.
**Recommendations / Comments:** Include professional recommendations, observations, or additional relevant information.

**Days and Hours Log: Pages 3-7**
For each service day:
**Day** - Enter the number of the day of the month (1–31) when services were provided.
**Description** - Describe services rendered.
**Total Hours** - Record the number of hours provided that day.
**Agency/Staff Initials** - Staff providing services must initial each entry.
**Total Intervention Hours -** Will be automatically calculated for each page.

**TOTAL Intervention Hours of Pages 3-7:** Will be automatically calculated adding all total hours of each page.

**Completed By:** Enter the name of the individual completing the form.
**Title:** Enter the individual's professional title.
**Date:** Enter the date the form was completed.

**Additional Information:** If additional comments or documentation are required, attach a separate file as indicated at the bottom of the form.