**Community Rehabilitation Provider (CRP)**

**Monthly Job Development Progress Report**

**Participant:** **Date:**

**Counselor:**

**CRP:**

**Number of hours worked with Participant this month:**

|  |
| --- |
| Observations and concerns: *Please include any information including notable behaviors, social/interpersonal skills, communication or other barriers noted*       |
| Detail the job development assistance you provided:       |
| Skill achievement:       |
| Are there any concerns about employment goal? Please explain:       |
| Please describe the customer participation and engagement in the process:       |
| Customer Employability/Readiness- *Consider soft skills, transportation, hygiene, communication etc.*:       |
| Please describe your plan for job development next month:       |
| Comments:       |

**Month 1 -Please attach Resume and Activity Log**

**Subsequent months please submit CRP Monthly Report, Activity Log and other supporting information (cover letter, thank you letter, applications *if created* in job development process)**