

Report for Period: _____

Participant's Name: _____

DORS Counselor: _____

Company Providing ALE: _____

CRP, RCS or IES Providing ALE Support: _____

CRP/RCS/IES Staff Responsible for Support & Reporting: _____

Staff Phone: _____ **Email:** _____

ALE Start Date: _____ **Projected End Date:** _____

ALE Objectives:

Provide a Short Narrative Addressing Weekly Accomplishments:

Provide a Short Narrative Addressing Weekly Challenges:

Support Hours Provided

Date	Hours Worked	Onsite Supports Provided	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**** Monthly timesheets must be attached to this report ****