Maryland State Department of Education **Division of Rehabilitation Services RCS Monthly Progress Report**

Report Period:	to		_ Report	Date:
DORS Counselor:				
DORS Counselor Phone: _			_ Email:	
Rehabilitation Communication	tion Speciali	ist:		
RCS Phone:			_ Email:	
Consumer Name:	0			
Date of initial Meeting with	Consumer:			
Consumer Employment Go	ai (as stated	i on IPE):		
DORS Authorization Numb	er associate	d with this	s report:	
For this Authorization, Nun	ober of Hour	s Expend	ed:	
For this Authorization, Nun	nber of Hour	s Remain	ina:	
,			<u> </u>	
Intake & Planning				
Initiate within 30 days from the	e date of the	Referral	Not to ex	ceed 2 hours \
,				,
Activity		Date	Hours	Result
1.				
2.				
2.				
3.				
4				
4.				
Total Number of Hours:			1	
Job Development				
·	ation (if pood	lad\man.m	ot ovened	O hours and includes required action
		ied) may n	ot exceed	8 hours, and includes resume, cover
letter, and interview prepara		of intervio	wing skills	s, role play, job interviews (see Log
	•		_	but the job interview and placement
process. Review activities			. anought	at the job interview and placement

Activity	Date	Hours	Result
1.			
2.			

Activity	Date	Hours	Result
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Number of Hours:			

Job Application/Interview Log
Job applications, interviews, and the outcome (attach additional sheets as needed.)

Employer	Date	Position	Result
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Hours Summary	Number of Hours Used
Hours this report used for Intake & Planning:	
Hours used for this report for Job Development :	
Total Hours this report (Intake & Planning + Job Development):	
g car carry	1
Cumulative Hours used to date (this monthly report + previous months):	
Was consumer placed in a position this month? ☐ Yes ☐ No	
If Yes: Is the CRP/RCS Request for Placement Incentives (RS-70) form attached	d? 🗌 Yes 🗌 No
Job Information	
Employment Start Date:	
Name of Employer:	
Employer Address:	
Work Location Address:	
O*Net Job Title and Code:	
Average Hourly Wage (including tips):	
Average Number of Hours Per Week:	
Benefits Available: Presently After 90 days	
If amployment was not obtained and lose than 6 hours of ich dovalanment son	wicos woro
If employment was not obtained and less than 6 hours of job development ser- provided this month, provide explanation, including why service should be con-	

Activity/Location	11210	Hours	Result
	Date	Tiours	Nesuit
l.			
5.			
3.			
Total Number of Hours:		<u> </u>	
ob Retention Evaluation or Job	Retention	n Onsite Fo	ollow-Up
Activity/Location	Date	Hours	Result
2.			
3.			
l.			
5.			
Total Number of Hours:			
Total Number of Hours.			
Onsite Communication Support	During W	BLE	
			WBLE).
Provided to students during Work-Base	Date	Hours	Result
	Date		
Activity/Location	Date		
Activity/Location	Date		
Activity/Location	Date		
	Date		

Original to DORS with monthly invoice

Activity/Location	Date	Hours	Result
3.			
4.			
4.			
5.			
Total Number of Hours:			
During this report period, did consumer ☐ Yes ☐ No	reach 90	days afte	er the employment start date?
If Yes: Use CRP/RCS Request for Placem	ent Incent	ives (RS-	7o) to request authorization for
placement incentives to be invoiced 90 day	s after the	employn	nent start date.
If No: Describe progress toward employme intensive job coaching hours continue to be prior to transition to long-term funding:			
Comments:			