

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

Report Period: _____ to _____ Report Date: _____ DORS Authorization #: _____

DORS Counselor: _____ Phone: _____ Email: _____

RCS: _____ Phone: _____ Email: _____

Consumer Name: _____ Date of Initial Meeting with Consumer: _____

Consumer Employment Goal (as stated on IPE): _____

For Authorization _____ Number of Hours Expended: _____ Number of Hours Remaining: _____

Intake & Planning

- Initiate within 30 days from the date of the Referral. Not to exceed 2 hours.
- Add travel details on Page 8.

Date	Contact Type	Client Present?	Results of Activity and Needed Follow-Up	Travel Hours	Hours
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Show			
Total Hours Intake & Planning:					

Job Development Preparation & Job Development

- **Job Development Preparation** (if needed) may not exceed 6 hours, and includes resume, cover letter, and interview preparation.
- **Job Development** may include practice of interviewing skills, role play, job interviews (see Log below), job placement, and communication support throughout the job interview and placement process. Review activities each month with client.
- Add travel details on Page 8.

Date	Contact Type	Client Present?	Results of Activity and Needed Follow-Up	Travel Hours	Hours
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			

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	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Show			
Total Hours Job Preparation & Job Development:					

Job Application/Interview Log

- Job applications, interviews, and the outcome (attach additional sheets as needed.)

Employer	Date	Position	Result
1.			
2.			
3.			

			Result
4.			
5.			
6.			
7.			

Was consumer placed in a position this month? Yes No

If Yes: Is the [CRP/RCS Request for Placement Incentives \(RS-7o\)](#) form attached? Yes No

Job Information

Employment Start Date: _____ Name of Employer: _____

Employer Address: _____

Work Location Address: _____

O*Net Code: _____ O*Net Job Title: _____

Average Hourly Wage (including tips): _____ Average Number of Hours Per Week: _____

Benefits Available: Presently After 90 days

If employment was not obtained and less than 6 hours of job development services were provided this month, provide explanation, including why service should be continued:

Describe plan to increase job development activity:

Onsite (Worksite) Follow-Up

- Onboarding, training, on-the-job mentoring, support, and/or problem resolution.
- Add travel details on Page 8.

Date	Contact Type	Client Present?	Results of Activity and Needed Follow-Up	Travel Hours	Hours
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Show			
	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Show			
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	<input type="checkbox"/> At Business <input type="checkbox"/> Videophone <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Show				
Total Hours:						

During this report period, did consumer reach 90 days after the employment start date? Yes No

If Yes:

Use [CRP/RCS Request for Placement Incentives \(RS-7o\)](#) to request authorization for placement incentives to be invoiced 90 days after the employment start date.

If No:

Describe progress toward employment retention, including ongoing support services for which intensive job coaching hours continue to be needed prior to completion of short-term job coaching or prior to transition to long-term funding:

Comments:

Hours Summary	Number of Hours Used
Hours this report used for Intake & Planning:	
Hours this report used for Job Preparation & Job Development:	
Hours this report used for Onsite (Worksite) Follow-Up:	
Hours this report used for Travel:	
Total Hours this report:	
Cumulative Hours used to date (this monthly report + previous months):	

Travel Details

Trip	Date	Starting Location Address	Ending Location Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			