

DRS Counselor Monthly Update Form

Individual's Name: _____ Contractor: _____

DRS Counselor: _____ EC Name: _____

Contract Name: _____ Current Milestone/Service: _____

Date Referred: _____ Dates Covered: _____ to _____

Period Not More Than One Month Total

Select **"Yes"**, **"No"** or **"NA"** in response to the statements below:

- | | | |
|------------|-----------|--|
| Yes | No | The individual maintains contact with the EC. |
| Yes | No | The individual is cooperative and demonstrates motivation to work. |
| Yes | No | NA The individual is performing job duties as the employer expects. |
| Yes | No | NA The individual notifies the EC when concerns or difficulties occur on the job. |

Please complete the narrative section below to summarize the individual's progress for the last month. For example: assessments performed; applications and résumés submitted; interviews; employer contacts; concerns of the employer or EC regarding work skills and behaviors, and; how the EC is addressing these issues. If nothing is happening, please explain fully.

Date Emailed to DRS Counselor: _____