Indi	vidual:					DRS Counselor:				
						Employment Consultant:				
						Milestone / Service:	_			
						Job Title:	<u> </u>			
eek #	<u> </u>		Time On-Site	Time Off-Site	Time Spent w/Employer		al:			
ay	Date	Hours Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
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7										
Pg.	1 Total Hours	s:								
eekly	Comments:									

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Indi	vidual:					DRS Counselor:				
						Employment Consultant:				
Con	itract:									
Em	ployer: _					Job Title:				
eek ‡	#	Hours	Time On-Site	Time Off-Site	Time Spent w/Employer	IPE Weekly Work Goal:				
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
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Pg.	1 Total Hours	s:								
eekly	Comments:									

Indi	vidual:					DRS Counselor:  Employment Consultant:				
						Job Title:				
eek #	<b>#</b>		Time On-Site	Time Off-Site	Time Spent w/Employer	IPE Weekly	Work Goal:			
ay	Date	Hours Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
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Pg.	1 Total Hours	<b>5:</b>								
eekly	Comments:									

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Indiv	vidual:					DRS Counselor:							
						Employment Consultant:							
Con	tract:												
Emp			Job Title:										
/eek #	<u> </u>	Hours	Time On-Site	Time Off-Site	Time Spent w/Employer		IPE Weekly Work Goal:						
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.							
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Pg.	l Total Hours	:											
lonthly	Total Hours:												
eekly C	Comments:				·	-							
Subr	nitted by:					Date Submitte	ed:						

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La alia	dalora lo					DRS Counselor:					
						<del></del>					
						Employment Consultant:					
						Milestone / Service:	_				
Emp	oloyer:					Job Title:	_				
eek #	<u> </u>	Hours	Time On-Site	Time Off-Site	Time Spent w/Employer		al:				
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.	_				
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7											
Pg.	5 Total Hour	s:									
eekly	Comments:										

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Indi	vidual <sup>.</sup>					DRS Counselor:				
						Employment Consultant:				
						Milestone / Service:	-			
						Job Title:	- -			
eek #	<u> </u>		Time On-Site	Time Off-Site	Time Spent w/Employer		ıl:			
ay	Date	Hours Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
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7										
_	6 Total Hour	s:								
eekly	Comments:									

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Indi	vidual:					DRS Counselor:				
						Employment Consultant:				
Con	itract:									
Em	ployer: _					Job Title:				
eek ‡	#	Hours	Time On-Site	Time Off-Site	Time Spent w/Employer	IPE Weekly Work Goal:				
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
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Pg.	7 Total Hour	s:								
eekly	Comments:									

Indiv	/idual:					DRS Counselor:	
						Employment Consultant:	
Cont	ract:					N 4''L N 1 C '	
						Job Title:	
/eek #		Hours	Time On-Site	Time Off-Site	Time Spent w/Employer	<del>-</del>	IPE Weekly Work Goal
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc	<u> </u>
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6							-
7							
Pg. 8	3 Total Hours	<b>3:</b>					
onthly	Total Hours:						
eekly C	comments:						
Subr	mitted by:					———— Date Submitt	red:

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Indi	vidual:					DRS Counselor:				
						Employment Consultant:				
Con	tract:									
Em	oloyer: _					Job Title:				
eek ‡	#	Hours	Time On-Site	Time Off-Site	Time Spent w/Employer	IPE Weekly Work Goal:				
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
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7										
Pg.	9 Total Hour	s:								
eekly	Comments:									

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Indi	vidual <sup>.</sup>					DRS Counselor:				
						Employment Consultant:				
						Milestone / Service:	_			
						Job Title:	_			
eek #	<u> </u>		Time On-Site	Time Off-Site	Time Spent w/Employer		ıl:			
ay	Date	Hours Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.	_			
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7										
_	O Total Hours	<b>5:</b>								
eekly	Comments:									

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Indi	vidual <sup>.</sup>					DRS Counselor:				
						Employment Consultant:				
						Milestone / Service:	_			
						Job Title:	_			
eek #	<u> </u>		Time On-Site	Time Off-Site	Time Spent w/Employer		al:			
ay	Date	Hours Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
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2										
3										
4										
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6										
7										
_	1 Total Hours	<b>5:</b>								
eekly	Comments:									

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Ind	ividual:					DRS Counselor:
						Employment Consultant:
Cor	ntract:					NAIL actions / Commission
Em	ployer:					Job Title:
/eek	#	- 11	Time On-Site	Time Off-Site	Time Spent w/Employer	IPE Weekly Work Goa
Day	Date	Hours Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.
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2						
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6						
7						
Pg.	12 Total Hours:					
Ionthl	y Total Hours:					
eekly	Comments:					
Suk	omitted by:					Date Submitted:

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Ind	lividual:					DRS Counselor:				
Individual: Contractor:						<del></del>				
						Milestone / Service:				
	ployer:					 lob Title <sup>.</sup>				
/eek #		Hours	Time On-Site	Time Off-Site	Time Spent w/Employer		IPE Weekly Work Goal			
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.				
1										
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5										
6 ay <b>90</b>										
7										
Pg.	13 Total Hours	1								
/eekly	y Comments:									

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Indi	ividual:					DRS Counselor:						
Individual: Contractor:							Employment Consultant:					
Cor	ntract:						Milestone / Service:					
						Job Tit	:le:					
eek #		Hours	Time On-Site	Time Off-Site	Time Spent w/Employer by EC			_	,	IPE Weekly Work Goal:		
ay Date		Worked	by EC	by EC		Supports Provided / Issues Addressed, etc.						
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5												
6												
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Pg. 1	4 Total Hours	s:										
eekly	Comments:											

Individual: Contractor:							DRS Counselor:  Employment Consultant:				
							Em				
eek #		Hours	Time On-Site	Time Off-Site	Time Spent w/Employer					IPE Weekly Work Goal	:
ay	Date	Worked	by EC	by EC	by EC	Supports Provided / Issues Addressed, etc.					
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Pg. 15 Total Hours:								-			_
eekly	Comments:										

المطان	بنطييطا					DRS Counselor:					
Con	tractor:						<del>-</del>				
Con	tract:					Milestone / Service:					
Emp	oloyer:					Job Title:					
Veek #		Hours	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC		IPE Weekly Work Goal				
Day Date		Worked				Supports Provided / Issues Addressed, etc.					
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4						<del>.</del>	<del>.</del>				
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6						<u> </u>					
7						· · · · · · · · · · · · · · · · · · ·	<del>.</del>				
Pg. 10	5 Total Hours	:									
onthly	Total Hours:										
eekly /	& Milestone/S	Service Comp	oletion Comn	nents:							
Sub	mitted by:					Date Submitted					

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