Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**I/TW Placement Report**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

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| --- | --- |
| Report Month | Report Year (YYYY) |
| Consumer IRIS Number (9 Digits) | Service Provider Name (10-Character Abbreviation) |
| Consumer Name (As Listed on Purchase Order) | Service Authorization Date (MM/DD/YYYY) |

|  |  |
| --- | --- |
| Report Date | Report Author |
| Job Title | Purchase Order (PO) Number |
| Summary of Duties | |
| Consumer Work Location (Name and Address) | |
| Start Date | End Date |
| Hours/Week | Work Schedule |
| Describe any need for accommodation(s) | |
| I/TW Supervisor Contact Name and Information | |
| Skills/Certifications obtained during internship/temporary work | |

**Summary of Consumer Progress (Use if Final Month or if no SI is authorized.)**

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| --- |
| Summary of consumer absenteeism/tardiness |
| Is the consumer interested in other specialized positions or a position that requires additional training and skills? |
| Recommendations for permanent employment. |
| Companies of interest. |
| Summary of Strengths. |
| Summary of Areas for Improvement. |
| Summary of relevant information such as ability to follow instructions, interaction with coworkers, supervisors, etc. |
| Overall comments and/or observations. |
| Was a letter of recommendation requested from site employer?  Yes  No |
| If Yes, was it provided?  Yes  No  If Yes, please attach it with this report.  If No, please provide an explanation: |

**Please add any additional information after this line.**