

Division of Vocational Rehabilitation
Limited Term Employment Internship Program Monthly Progress Report

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

Employer Contact & Address	Return Completed Form To
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Consumer/Intern Name

Reporting Period	From	To
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Consumer/Intern Job Title

Was the consumer/intern late for scheduled work times this reporting period?

☐ Yes ☐ No If yes, how often?

Did the consumer/intern have unexcused absences in this reporting period?

☐ Yes ☐ No If yes, how many?

	Excellent	Good	Average	Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance and Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend that the consumer/intern continue working in this capacity?

☐ Yes ☐ No If no, please explain in the comments section below.

Comments

Supervisor Signature	Title	Date Signed
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Consumer/Intern Signature	Date Signed
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