



DIVISION OF VOCATIONAL REHABILITATION (DVR)

90 Day Review

For DVR Staff Only	
VRC ASSIGNED	DATE

DVR customers must update the information on this form as it occurs during an Individualized Plan for Employment (IPE). Please provide information only about what has taken place in the last 90 days of your IPE services.

FIRST NAME	MIDDLE INITIAL	LAST NAME
Vocational Rehabilitation and WorkSource Participation		
<input type="checkbox"/> Received Vocational Rehabilitation and Employment services from the Department of Veterans Affairs. <input type="checkbox"/> Received Vocational Rehabilitation services from the Department of Services for the Blind. <input type="checkbox"/> Received Vocational Rehabilitation services from a Tribal Vocational Rehabilitation program. <input type="checkbox"/> Registered with WorkSource (if yes, check which services received below): <input type="checkbox"/> Self-Service ONLY <input type="checkbox"/> Staff-Assisted Services ONLY <input type="checkbox"/> Self-Service AND Staff-Assisted Services		
Education and Training Update		
Did you enroll or continue in:		ENROLLMENT DATE (MONTH / DAY / YEAR)
<input type="checkbox"/> High School		_____
<input type="checkbox"/> Adult Basic Education Program (e.g., I-BEST, ESL, GED, or Adult HS)		_____
<input type="checkbox"/> College; current year:		
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		_____
<input type="checkbox"/> Career or Technical Training Program		_____
Did you make progress in:		MOST RECENT REPORT OR DATE YOU MADE PROGRESS (MONTH / DAY / YEAR)
<input type="checkbox"/> High School <input type="checkbox"/> College.....		_____
Attach a Report Card or Transcript for the quarter or semester.		
<input type="checkbox"/> Educational Functioning Level (EFL) (e.g., Advanced from Beginning Basic Education to Intermediate Basic Education).....		_____
<input type="checkbox"/> An On-the-Job Training or Apprenticeship		_____
Did you complete:		COMPLETION DATE (MONTH / DAY / YEAR)
<input type="checkbox"/> High School		_____
Credential: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate of Completion		
<input type="checkbox"/> GED Program (High School Equivalency).....		_____
<input type="checkbox"/> College Degree		
Credential: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other Graduate		_____
<input type="checkbox"/> Career or Technical Training Program		_____
Credential: <input type="checkbox"/> Certificate <input type="checkbox"/> License		
<input type="checkbox"/> Exam needed to begin working in your desired occupation.....		_____