



DIVISION OF VOCATIONAL REHABILITATION (DVR)

90 Day Review

| For DVR Staff Only | |
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| 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.

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|------------|----------------|-----------|
| 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: <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 _____ | ENROLLMENT DATE (MONTH / DAY / YEAR) |
| Did you make progress in: <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 _____ | MOST RECENT REPORT OR DATE YOU MADE PROGRESS (MONTH / DAY / YEAR) |
| Did you complete: <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..... _____ | COMPLETION DATE (MONTH / DAY / YEAR) |