

## Report Completion Guide - I/TW Placement Report

This guide provides additional detail for completing the [Internship/Temporary Work \(I/TW\) Report \(DVR-18025-E\)](#). It explains what information DVR is looking for in certain prompts and provides examples where helpful. These examples are provided for illustration only. Providers should document services based on the individual consumer's activities, performance, and progress.

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Submit the final completed report **within 5 days** of the conclusion of the I/TW. If no SI is provided, submit the report monthly during the I/TW to report progress.

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)

Purchase Order (PO Number)	Report Author		
Consumer Work Location			
Consumer Work Location Street Address			
City	State	Zip Code	
Consumer's Job Title			
I/TW Worksite Business Supervisor Name	I/TW Worksite Business Supervisor Contact Information		
Summary of Duties			
Start Date	End Date		
Hours per week	Work Schedule		

Purpose and goals of the I/TW as identified by DVR\*

**Purpose:** Document the intended reason for the I/TW placement.

**Include:**

- DVR-identified purpose
- Specific goals tied to the I/TW

**Tips:** This section should align with later outcomes and recommendations.

Accommodations identified and used during the I/TW, including Systematic Instruction

**Purpose:** Describe any/all supports used to promote success and independence.

**Include:**

- Accommodations (e.g., modified tasks, schedule adjustments, visual/environmental cues)
- Instructional strategies (including SI, if applicable)
- Frequency and method of support
- Any fading of supports

**Tips:** Explain how supports impacted performance or consumer success. Note any changes over time.

## Summary of Consumer Performance

Complete this section for both Monthly and Final Reports. Monthly submissions should reflect progress to date.

Summary of consumer absenteeism/tardiness:

**Include:**

- Patterns or frequency
- Reasons (when known)
- Call-ins vs. no-shows (excused vs. unexcused)
- If related to support needs

What did the consumer like and dislike about the job? Please explain:

**Purpose:** Describe aspects of the I/TW the consumer enjoyed or found challenging. Look for both practical and personal insights.

**Include:**

- Tasks or environment the consumer preferred
- Challenges or frustrations
- Motivations and interests
- Any suggestions they may have shared

Summary of strengths:

**Include:**

- Demonstrated skills and abilities (e.g., technical skills)
- Positive work behaviors (e.g., problem-solving)
- Interpersonal strengths
- Consistency, reliability, or other work habits

Summary of areas for improvement:

**Include:**

- Skill gaps (skill development needs)
- Behavioral or performance concerns
- Areas needing additional support or training

**Tips:** Be specific and actionable; focus on skill gaps or behavior concerns that could impact future employment.

Summary of ability to follow instructions, interaction with coworkers, supervisors, etc.:

**Include:**

- Ability to follow directions
- Communication with coworkers/supervisors
- Teamwork and adaptability
- Safety awareness and initiative (navigating the work environment)
- Any other relevant information

Work site business supervisor feedback and any additional comments or observations:

**Include:**

- Supervisor observations
- Performance feedback (reliability, overall impression, etc.)
- Concerns and/or any specific recommendations

**Tips:** Include both positive feedback and areas of concern. If no feedback was obtained, briefly explain why.

### Outcomes & Recommendations

Complete this section only for the Final I/TW Report; it is not required for Monthly report submissions.

\*Was the purpose of the I/TW achieved? Was there progress made toward the identified goals? Please explain.

**Include:**

- Whether the I/TW achieved its stated purpose and/or met its stated goals.
- Evidence of progress (tasks, skills, feedback)
- Barriers or challenges

**Tips:** Include examples of tasks completed, skills demonstrated, or consumer feedback as evidence of progress toward goals. If goals were not met, describe why (e.g., workplace limitations, consumer challenges, unforeseen circumstances).

If position was not offered, recommendations for permanent employment and/or other companies of interest:

**Purpose:** If permanent employment was not offered, identify other positions or companies suited to the consumer's skills and interests.

**Tips:** Avoid generic recommendations.

Skills/certifications obtained during the I/TW:

**Purpose:** List any job-specific skills, workplace competencies, or certifications (formal or informal) that the consumer gained during the I/TW.

Skills/certifications required for future permanent employment in this field:

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:**

**Purpose:** Indicate whether a letter of recommendation was requested and provided. Attach if available or explain if not provided.

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