

Job Shadow Report

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.

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service.

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	Type of Job Shadow Accompanied Unaccompanied
Report Author	
Date of Job Shadow	Duration of the Job Shadow
Job Shadow Site/Address	Position Shadowed (Title & Name)

Job Summary & Position Information

Job Description and Wage (if known):
Level of Supervision Required:
Level of Interaction (public, coworkers, supervisors, etc.):
Observed Work Environment / Culture:
Training / Education Required:

Skills & Competencies Observed:

Employment Potential / Opportunity for Position:

Provider Observations (Include any additional notes on essential functions, work pace, or environment):

Summary of Consumer Progress & Engagement

Feedback on Consumer Preparedness (hygiene, dress, punctuality, etc.):

Consumer Engagement During Job Shadow:

Consumer Interaction with Employer / Coworkers:

Consumer Perspective of Position:

Consumer Strengths that Match the Position:

Any Observed Barriers:

Possible Accommodations:

Influence on Career Path / Next Steps:

Provider Recommendations / Next Steps (Suggested follow-up experiences, additional supports, or learning opportunities. If this position was not a good fit for the consumer, please explain why.):

Other Service Observations: Note any adjustments needed during the job shadow (scheduling, technology, support). Indicate any other issues or concerns raised by the consumer.

Job Shadow Questions

Attach separately or include here completed informational interview questions and responses gathered by the consumer/job developer. Submission of this information is required prior to payment.

Use the space after this line for any additional information.
