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