**NAME OF CRP:**

**DISCOVERY/EXPLORATION FINAL REPORT**

|  |  |
| --- | --- |
| Client Name:       | DOB:       |
| VR Counselor:       | Last four of SSN:       |
| Person Completing Report:       |  |
| Dates of Services: From       to       | Date of Report:       |

**Summary of Objectives Identified on Discovery/Exploration Service Plan**

Objective:

Objective Complete?

*Describe all action steps in detail and supports provided. If action step was not conducted/completed, explain why?*

Completion Date:

*Summarize what individual learned about him/herself and about employment*:

Support Need Identified:

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Completion Date:

*Summarize what individual learned about him/herself and about employment*:

Support Need Identified:

**Individual’s Preferences and Conditions:**

| **Preferences (Desired by Client)** | **Conditions ( Client “Must Have” to accept job**) |
| --- | --- |
| * Schedule – Days/Hours

      | * Schedule – days/Hours

      |
| * Environment – (In/outdoor, with people/Alone)

      | * Environment – (In/Outdoor, with people/alone)

      |
| * Wage

      | * Wage

      |
| * Commuting Distance

      | * Commuting Distance

      |
| * Health Benefits

      | * Health Benefits

      |
| * Physical Requirements

      | * Physical Requirements

      |
| * Other Identified Areas

      | * Other Identified areas

      |

**Supported Employment Job Development Recommended**:

[ ]  Yes – complete Addendum A (SE Job Development Plan)

[ ]  NO – complete Addendum B

**Additional D/E Services Comments**: