**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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*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:

**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**: