**Community Based Assessment – Weekly Job Coaching Report**

Participant Name:

Case ID#**:**

Rehabilitation Counselor:

Job Coach Name**:**

Job Coach Email:

Reporting Period:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Specific Time Start & End** | **Total Time** | **Type of Participant Contact** | **Specific Details of Methods, Activities, Tasks and Processes** |
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**Weekly Total Time Utilized:**

**Issues that arose this week or remain unresolved (behavior, transportation, childcare, etc.):**

Please submit the completed report to the referring Rehabilitation Counselor or Statewide Coordinator

Job Coach Signature: Date: