**90 DAY SUMMARY**

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| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employer:** |  | | |
| **Supervisor:** |  | | |
| **Job Title:** |  | | |
| **Start Date:** |  | **Hourly Wage:** |  |
| **Days/Hours Worked Per Week:** |  | | |
| **Benefits:** *Is the job seeker receiving benefits for this employer – if so, what type? What other benefits is the job seeker receiving…i.e., Social Security? If yes, what is the adjusted amount?* | | | |
| **Long Term Services and Supports:** *State the exact long term services and supports the job seeker will need on going to assist with their employment.* | | | |
| **Monthly Summary of Work:** *Give a detailed description of the monthly work experience for this job seeker.* | | | |
| **Other Important Information To Know:** *State here any information that was gained during these last 30 days of employment prior to closure with Office of Vocational Rehabilitation.* | | | |
| **Schedule for Follow-up:** *What type of follow-up and how often to follow-up with job seeker to assist with their employment?* | | | |

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| --- | --- |
| Signature of ES: |  |
| Print Name of ES: |  |
| SE Provider Name: |  |
| OVR Counselor Name: |  |
| Date: |  |
| Total Time Spent: |  |