MRC Pre-Employment Transition Services (Pre-ETS) Monthly Performance Measure Report

Provider:	Enter Provider Name	FY'19 Contract Amount:	Enter Contract Amount	
Fiscal Year:	Enter Fiscal Year	Current Month Billing:		This is a dropdown list
Billing Month:		Billing YTD:	Enter Total Billing Year to Date	
Report Date:	Enter Date Report Completed	Contract Balance:	#VALUE!	These will auto-populate
Student Successful Completion Goal:	Enter Students Served Goal	%Student Successful Completion Goal:	#DIV/0!	

Progam Statistics	Current Billing Month	Year to Date	Pre-ETS Components	Total Hours Current Billing Month	Total Hours YTD	Total Number Service Components Initiated	Total Number Service Components Completed	
# Served	Enter # of Active Consumers in Services for the Current Billing Month	0	Job Exploration Counseling	0	0	0	0	
# Student Pre-ETS Initiated	Enter # for Current Billing Month	0	Work Readiness Training	0	0	0	0	All cells with 0 listed will auto-populate totals
# Successful Program Completions	Enter # for Current Billing Month	0	Work Based Learning Experience	0	0	0	0	
# of Program Drop Outs	Enter # for Current Billing Month	0	Counseling Enrollment Post Secondary Education / Training Programs	0	0	0	0	
# of Slots Remaining	0		Self-Advocacy & Mentoring Instruction	0	0	0	0	
Expected # of Carryovers	0							

This will auto-populate

Monthly Progress Report Narrative

(e.g., Report on program budget, program/staffing updates, issues/concerns, incident reports, etc.)

Use this section to communicate important program informantion and updates, staffing changes, and any consumer challenges.
In the 4th quarter please identify what students will be carried over into the next fiscal year and what services they will participate in be participating in.

Student Name (Last, First)	Student Status (PE or VR)	Area Office	VRC	New or Returning	Program Start Date	Successful Program Completion Date	Program Drop Out Date	Any incident reports filed? (Yes/No)	Job Exploration Counseling			Work Readiness Training			Work Based Learning Experience			Counseling on Enrollment into Post Secondary or Other Training Programs			Self-Advocacy & Mentoring Instruction			Internship Details		Quarterly Numbers				Carry Over
									Hours Completed This Billing Month	Hours Completed YTD	Core Service Completed?	Hours Completed This Billing Month	Hours Completed YTD	Core Service Completed?	Hours Completed This Billing Month	Hours Completed YTD	Core Service Completed?	Hours Completed This Billing Month	Hours Completed YTD	Service Completed?	Hours Completed This Billing Month	Hours Completed YTD	Service Completed?	Employer	Job Title	Served Q1 (July - Sept.)	Served Q2 (Oct. - Dec)	Served Q3 (Jan. - Mar.)	Served Q4 (Apr. - Jun.)	Will student be carried over into the next FY?
Enter Student Name	Select Student Status from the drop down as Potentially Eligible (PE) or Vocational Rehabilitation Consumer (VR)	Select the Area Office from the drop down list that a VR client is served out of. **Only use for VR Consumers**	Enter the last name of the assigned VR Conselor. **Only use for VR Consumers.**	Identify if the student is newly enrolled into services during the billing month or returning for additional services.	Enter the program start date in the following format: MM/DD/YY	Enter the program completion date in the following format: MM/DD/YY **Leave blank if the student has not yet completed the program.**	Enter the drop out date in the following format: MM/DD/YY **Leave blank if the student has not yet completed the program.**	Indicate if the program needed to complete any incident reports involving the student. If yes please submit a copy of the incident report with this report.	Enter the number of service hours completed this billing month	Enter the total number of hours completed YTD	Enter "Yes" of the Student has completed the Service Component. Enter "No" if they have not completed the Service Component.	Enter the number of service hours completed this billing month	Enter the total number of hours completed YTD	Enter "Yes" of the Student has completed the Service Component. Enter "No" if they have not completed the Service Component.	Enter the number of service hours completed this billing month	Enter the total number of hours completed YTD	Enter "Yes" of the Student has completed the Service Component. Enter "No" if they have not completed the Service Component.	Enter the number of service hours completed this billing month	Enter the total number of hours completed YTD	Enter "Yes" of the Student has completed the Service Component. Enter "No" if they have not completed the Service Component.	Enter the number of service hours completed this billing month	Enter the total number of hours completed YTD	Enter "Yes" of the Student has completed the Service Component. Enter "No" if they have not completed the Service Component.	Enter the Employer Name where the internship is being completed .	Enter the Job Title	Enter the number of students served during the quarter.	Enter the number of students served during the quarter.	Enter the number of students served during the quarter.	Enter the number of students served during the quarter.	Select Yes or No from the drop down list if the student will be carried over into the next fiscal year. **This should be completed in Q4.**
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2																															
3																															