

**INDIVIDUAL SERVICE PROVIDER (ISP) PROGRESS REPORT**

DR174 (New 03/11)

**Please submit this form by mail or email to the DOR counselor along with your invoice for service(s). One progress report per consumer.**

ISP Name:		Consumer Name:		Authorization #:	
Service Month/Year:	Total # Hours Worked/Month:	DOR Counselor:		DOR Office:	

**Consumer Participation: (e.g., follow-through on appointments and assignments, punctuality, direct employer contact, job interviews, etc.)**

**Objectives for This Month:**

**Progress:**

**Issues/Concerns:**

**Plan of Action:**

ISP Email Address:	Phone Number:	Date:
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**NOTICE:** This form includes confidential information regarding a consumer of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.