



Supported Employment Services – Pre-Employment Service Log

Name of Individual: _____

Applicable ISP Outcome(s): _____

Total hours of SE Services: _____ Reporting Period Start Date: _____ Reporting Period End Date: _____

Completed By: _____

Dates of SE Services		# of Hours		Activity Conducted (Select from drop down menu)	What was done related to the activity (Include details such as name of business, contact information, locations of situational assessments, areas in need of follow up, etc.)	How did this activity assist the job seeker in progressing toward his/her outcomes?
Date:		Start:				
SE Professional:		End:				
		Total:				
Date:		Start:				
SE Professional:		End:				
		Total:				
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SE Professional:		End:				
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SE Professional:		End:				
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