



**EMPLOYMENT PROGRAM
FOR PERSONS WITH DISABILITIES
ADAPTIVE TECHNOLOGY FINAL CLIENT OUTCOME REPORT**

| | | |
|--|--|--------|
| REPORT DATE (YYYY MMM DD) | EPPD CONTRACT MANAGER | |
| NAME OF A.T. SERVICE PROVIDER | CONTRACT NUMBER | REGION |
| REPORTING PERIOD START DATE (YYYY MM DD) | REPORTING PERIOD END DATE (YYYY MM DD) | |

| FINAL CLIENT OUTCOMES THIS REPORTING PERIOD | | NUMBER OF CLIENTS |
|---|--------------------|-------------------|
| FOLLOW-UP COMPLETE | EMPLOYED FULL TIME | |
| | EMPLOYED PART TIME | |
| | SELF EMPLOYMENT | |
| | VOLUNTEER | |
| | IN TRAINING | |
| | UNEMPLOYED | |
| CLIENT DENIED EPPD SERVICES | | |
| CLIENT WITHDREW | | |
| ABLE TO CONTACT CLIENT | | |
| CLIENT DECEASED | | |
| TOTAL | | |

REPORT COMPLETED BY:

| | | | |
|-------------------------------|------------|---------------|--|
| NAME OF A.T. SERVICE PROVIDER | | SIGNATURE | |
| TELEPHONE NUMBER | FAX NUMBER | EMAIL ADDRESS | |