



**FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION (VR)
ON-THE-JOB (OJT) FINAL REPORT**

A detailed description of the challenges that occurred and how each was addressed. How will these challenges be addressed in future career exploration/job development?

A detailed description of how the acquired skills will be utilized in further career exploration/job development.

CUSTOMER SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN: _____ **Date:** _____

PROVIDER: _____ **Date:** _____