

| Date | Hours | Activity | CRP Observations and Comments |
|------|-------|----------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Summary: Overall information or observations:

Requesting Counselor Contact Preferred contact #: _____ Email: _____

I understand that I am electronically signing this form, and I certify that the information on this form is correct to the best of my knowledge.

CRP Signature: /s/ _____ Date: _____

A proud partner of the  **americanjobcenter** network

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.