

**Exhibit V3**

Arizona Department of Economic Security  
Rehabilitation Services Administration  
Independent Living Older Blind Rehabilitation Instructional Services for Blind and Visually Impaired  
**Monthly Progress Report**

Reporting Month and Year: July 2025

Service Start Date in the Month (MM/DD/YYYY): 07/02/2025

Service End Date in the Month (MM/DD/YYYY): 07/30/2025

Vendor Company Name: XYZ Vendor Company

Vendor Representative's Name: Rosalie Representative

ILOB Client Name: Clark Client

ILOB Staff Member Name: Sally Staff

RSA Authorization #: 00000001A1

Total Hours on Authorization for ILOB AT Services: 30

ILOB AT Hours Used During Reporting Month: 7.75

Total Hours Spent on ILOB AT: 7.75

Total Authorized Hours Remaining for ILOB AT: 22.25

Total Hours on Authorization for ILOB AD: 15

ILOB AD Hours Used During Reporting Month: 2

Total Hours Spent on ILOB AD: 2

Total Authorized Hours Remaining for ILOB AD: 13

Total Hours on Authorization for ILOB O&M Training: 45

ILOB O&M Hours Used During Reporting Month: 8

Total Hours Spent on ILOB O&M: 8

Total Authorized Hours Remaining for ILOB O&M: 37

Total Hours on Authorization for ILOB CST: 10

ILOB CST Hours Used During Reporting Month: 0

Total Hours Spent on ILOB CST: 0

Total Authorized Hours Remaining for ILOB CST: 10

Total Hours on Authorization for ILOB DLST: 10

ILOB DLST Hours Used During Reporting Month: 0

Total Hours Spent on ILOB DLST: 0

Total Authorized Hours Remaining for ILOB DLST: 10

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Did ILOB Client attend RIS BVI as planned?  Yes  No

If "No", include all dates of absences (MM/DD/YYYY): \_\_\_\_\_

Did Vendor notify the ILOB Staff Member about the ILOB Client's absences?  Yes  No

If "No", why not? Please explain: \_\_\_\_\_

Enter ILOB Client's actual hours of attendance for the reporting month:

<b>Date</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
<b>Start Time</b>	_____	1:00 PM	_____	_____	_____	_____	2:00 PM	2:00 PM	_____	_____	_____
<b>End Time</b>	_____	2:00 PM	_____	_____	_____	_____	3:30 PM	4:00 PM	_____	_____	_____
<b>Hours</b>	_____	1	_____	_____	_____	_____	1.5	2	_____	_____	_____
<b>Date</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
<b>Start Time</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	3:30 PM
<b>End Time</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	4:30 PM
<b>Hours</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	1
<b>Date</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>		
<b>Start Time</b>	3:00 PM	3:00 PM	_____	_____	_____	1:30 PM	_____	2:00 PM	_____		
<b>End Time</b>	7:00 PM	7:15 PM	_____	_____	_____	3:30 PM	_____	4:00 PM	_____		
<b>Hours</b>	4	4.25	_____	_____	_____	2	_____	2	_____		

Calendar Notes, if applicable: \_\_\_\_\_

**1. SERVICE OBJECTIVES PROGRESS**

<b>Skill Level</b>	<b>Description</b>
<b>0</b>	<b>Demonstrates No Skill</b>
<b>1</b>	<b>Demonstrates Limited or Inconsistent Skill Performance</b>
<b>2</b>	<b>Demonstrates Basic, but Inconsistent Skill Performance</b>
<b>3</b>	<b>Demonstrates Good and Consistent Skill Performance</b>
<b>4</b>	<b>Excellent Skills</b>

**ILOB Assistive Technology (AT) Services**

Was AT worked on this month?  Yes  No

AT Starting Skill Level from CSP: 2

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Describe daily activities and services provided during this reporting period: ILOB Client and Vendor Rep worked together to install JAWS on their personal laptop that the Client will be using for every day. Once installed, Vendor Rep instructed Client about the screen navigation keys and ability to modify voice parameters.

Vendor Representatives Monthly Skill Level Score: 2

Describe ILOB Client progress and/or challenges/barriers/difficulties in achieving the objective: ILOB Client is happy about the installation of the screen reader. Client will need continuous training to use various cursors to read window sections, to navigate a website using basic commands, and the ability to access the address bar and search bar.

Describe areas that will be covered by training to this ILOB Client next month: ILOB Client will continue learning keyboarding skills (including input method) and will learn how to use computer operating systems (i.e. menus, dialogue boxes, file management, etc.).

Standard Achieved:  Yes  No

Date Standard Achieved \_\_\_\_\_

General AT Equipment Requested (not for a specific service below): Victor Reader Stream (Audio Book Player / Media Access Device)

Received:  Yes  No

General AT Equipment Requested (not for a specific service below): \_\_\_\_\_

Received:  Yes  No

Explanation of Equipment Need: This device will provide the ILOB Client access to audio books, podcasts and notes in an accessible format. ILOB client will then be able to access written material independently.

**ILOB Adjustment to Disability (AD)**

Was AD worked on this month?  Yes  No

AD Starting Skill Level from CSP: 2

Describe daily activities and services provided during this reporting period: Vendor Rep introduced ILOB Client to blindness advocacy groups, organizations, and other agencies offering support and resources. Vendor Rep provided guidance in social functioning and development of personal and social skills which are anticipated to help Client cope more effectively with their life situations and their stresses. Vendor Rep provided training in productive decision making. Client is now able to prioritize tasks for each day.

Vendor Representatives Monthly Skill Level Score: 3

Describe ILOB Client progress and/or challenges/barriers/difficulties in achieving the objective: ILOB Client has achieved their standard. Client now has natural supports in the community and feels confident in their decision making. Client knows how to self-advocate for themselves and feels encouraged.

Describe areas that will be covered by training to this ILOB Client next month: Although further training is not required since standard is met, Vendor Rep will continue to observe ILOB Client's progress. Vendor Rep will continue to provide guidance on how body language and mannerisms affect interactions with others.

Standard Achieved:  Yes  No

Date Standard Achieved 07/30/2025

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**ILOB Orientation and Mobility (O&M) Training**

Was O&M worked on this month?  Yes  No

O&M Starting Skill Level from CSP: 1

Describe daily activities and services provided during this reporting period: ILOB Client and Vendor Rep practiced on how to identify landmarks and reviewed compass directions. Vendor Rep and Client met at Vendor Rep's office location, which was a new location for Client. Client practiced determining intersecting hallways, turns, and the building entrance. Vendor Rep provided guidance when navigating outdoors. Client was able to identify the edge of the road when outside with Vendor Rep.

Vendor Representatives Monthly Skill Level Score: 2

Describe ILOB Client progress and/or challenges/barriers/difficulties in achieving the objective: ILOB Client is becoming more confident with navigating indoors. Client needs more training with navigating outdoors prior to attempting to use the bus.

Describe areas that will be covered by training to this ILOB Client next month: ILOB Client will continue to receiving training on how to navigate outdoors. Client will start to practice following the traffic patterns (i.e. traffic signals, walk signs and crosswalk lines).

Standard Achieved:  Yes  No

Date Standard Achieved \_\_\_\_\_

Equipment Requested for O&M Training: \_\_\_\_\_

Received:  Yes  No

Equipment Requested for O&M Training: \_\_\_\_\_

Received:  Yes  No

Explanation of Equipment Need: \_\_\_\_\_

**ILOB Communication Skills Training (CST)**

Was CST worked on this month?  Yes  No

CST Starting Skill Level from CSP: \_\_\_\_\_

Describe daily activities and services provided during this reporting period: \_\_\_\_\_

Vendor Representatives Monthly Skill Level Score: \_\_\_\_\_

Describe ILOB Client progress and/or challenges/barriers/difficulties in achieving the objective: \_\_\_\_\_

Describe areas that will be covered by training to this ILOB Client next month: \_\_\_\_\_

Standard Achieved:  Yes  No

Date Standard Achieved \_\_\_\_\_

Equipment Requested for CST: \_\_\_\_\_

Received:  Yes  No

Equipment Requested for CST: \_\_\_\_\_

Received:  Yes  No

Explanation of Equipment Need: \_\_\_\_\_

