

VOCATIONAL REHABILITATION PROGRESS REPORT

Claims Administrator:		Employee:	
Address:		Claim #:	DOI:
City/State/Zip:		Employer:	
Contact Name:		Report Date:	Period Covered:
Anticipated Plan Submission Date:		Date Vocational Feasibility:	
Plan Goal:	Plan Start Date:	Plan Completion Date:	
Dates of Meetings/Appointments/Classes Attended: _____		Dates of Missed Meetings/Appointments/Classes: _____	
Services Provided:			
Summary of Activities and Comments:			
Recommendations/Plan of Action:			
Next Reporting Date:			
QRR (Print Name):		Signature:	Date:
Telephone Number:			
Attachments:	Copies Sent To:	VR Initiated Pre 1998	VR Initiated Post 12/31/97
		Phase I: \$	Phase A- \$
		Phase II: \$	
		Phase III: \$	Phase B- \$
Report Prep Time: mins		Cum. Total: \$	Cum. Total: \$

**Rehabilitation Unit
California Division of Workers' Compensation**

Form RU-121

**VOCATIONAL REHABILITATION
PROGRESS REPORT**

Purpose:

To report on the progress of the employee who is receiving vocational rehabilitation services.

Submitted by:

Qualified Rehabilitation Representative (QRR)

When submitted:

Reports are done no less often than once per month unless otherwise agreed to, due to cap considerations. The QRR shall report to all parties within 10 days of the completion of services.

Where submitted:

To the claims administrator with copies to all parties. If the QRR is functioning as an Independent Vocational Evaluator, the RU-121 would be filed directly with the Rehabilitation Unit with copies to all parties.

Form completion:

This form is to be completed by the QRR. The purpose of the form is to obtain comprehensive, yet concise, information on the progress of vocational services. The information gathered for each section must fit within the section designated for that category and the typeface must be no smaller than 10 point. The cost of additional or more detailed reports shall be borne by the party requesting them.

Accompanying documents:

None

Rehabilitation Unit action:

None.

Copy:

All parties.