Canada Pension Plan Disability Vocational Rehabilitation Program
Vocational Confirmation/Exploration Activity Report

Client name:	**Service provider:**
Client identifier number:	**Consultant:**
Client address:	**Consultant telephone number:**
Client telephone number:	**Date of last report** (YYYY-MM-DD)**:**
Service Canada VR Case Manager:	**Date of current report** (YYYY-MM-DD)**:**

Note: Do not repeat or "copy and paste" information contained in previous reports or in the referral information.

1. Summary of activities

Row	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)	Length of time	Type	Contact
1.					
	Summary of activities:				
2.					
	Summary of activities:				
3.					
	Summary of activities:				
4.					
	Summary of activities:				
5.					
	Summary of activities:				
6.					
	Summary of activities:				
7.					
	Summary of activities:				
8.					
	Summary of activities:				
9.					
	Summary of activities:				
10.					
	Summary of activities:				

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2. Current status

3. Vocational Confirmation

4. Proposed plan for IWRP

5. Project Costs

6. Requested Actions

7. Additional Comments