A Division of Goodwill
SHORELINE
Workforce Development Services

Our Business is Changing Lives!

Staffing Summary

Purpose: This form is used to document staffings attended by SOS staff, client, referring agent, and others.

Date of Staffing

Client Name | Referring Agent Name | Other Attendee

Program | Referring Agency | Other Attendee

Concerns:

Recommendations:

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Client Signature | Program Specialist Signature

Referring Agent Signature | Reviewed by Supervisor