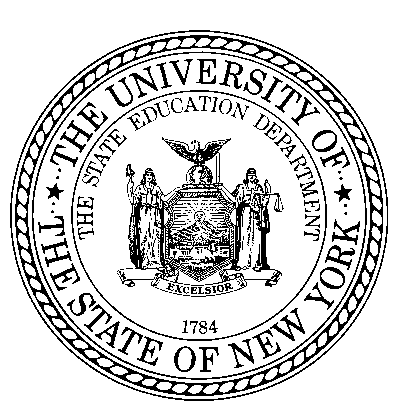
|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |



**Pre-Employment Transition Services (Pre-ETS)**

**122X- Job Exploration Counseling**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Provider: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student First Name: | Click to enter | | Student Last Name: | | Click to enter |
| Student Phone Number: | | Click to enter | Student Age: | Click to enter | |
| Student Email Address: | | Click to enter | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  | | | |  |  | |
| **Units of Service (Hours):** | | | | Click to enter | | | | | | | | |
|  |  | |  |  |  |  | | | |  |  | |
| **Dates of Service Delivery:** | | | | Click to enter | | | | | | | | |
|  |  | |  |  |  |  | | | |  |  | |
| **Service Delivery Format:** | | | | |  | Individual Service | | | |  | Group Service | |
|  |  | |  |  |  |  | | | |  |  | |
| **Areas addressed based upon student needs:** | | | | | | | | | | | | |
|  | Vocational Interest Inventory Results | | | | | | | | | | | |
|  | Labor Market | | | | | | | | | | | |
|  | In-demand Industries and Occupations | | | | | | | | | | | |
|  | Non-traditional Employment Options | | | | | | | | | | | |
|  | Identification of Career Pathways of Interest to the Student(s) | | | | | | | | | | | |
|  | Career Awareness | | | | | | | | | | | |
|  | Career Speakers | | | | | | | | | | | |
|  | Career Student Organization | | | | | | | | | | | |
|  | Skills Needed in the Workforce for Specific Jobs | | | | | | | | | | | |
|  | (List Jobs:) | | Click to enter | | | | | | | | | |
| **Other Areas:** | | Click to enter | | | | | | | | | | |
|  | |  | | | | |  |  |  | | |  |
| **Please provide a narrative describing the students experience with the Job Exploration Counseling services delivered:** | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | |
|  |  | |  |  |  |  | | | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Signature of Evaluator I | |  | Date |  |
|  | |  |  |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Supervisor:** | | | | |
|  | |  | Click to enter | |
| Signature of Evaluator II | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |