Pre-Employment Transition Services (Pre-ETS)

122X- Job Exploration Counseling

VR District Office: [Blank]  Provider: [Blank]
VRC Name: [Blank]  NYS Fiscal System ID: [Blank]
Report Date: [Blank]

Student First Name: [Blank]  Student Last Name: [Blank]
Student Phone Number: [Blank]  Student Age: [Blank]
Student Email Address: [Blank]

Units of Service (Hours):

Dates of Service Delivery:

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:)
Other Areas:

Please provide a narrative describing the student's experience with the Job Exploration Counseling services delivered:
Completed By:

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<th>Signature of Evaluator I</th>
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**Provider Supervisor:**

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