



VR-123X

Job Preparation Services

123X – Self-Advocacy for Employment

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

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

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

<p>1. Units of Service Utilized: (Unit: Hour)</p> <p>2. Dates of Service:</p> <p>3. Was the service provided individually or in a group (no more than 5)? <input type="checkbox"/> Individual <input type="checkbox"/> Group If group format, was the curriculum and syllabus approved by the District Office? (Maintain documentation of this approval in agency records) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does the Self-Advocacy for Employment report include the following topics?</p> <table><tr><td>Career and Employment Exploration</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Personal Strengths</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Talents</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Compensatory Skills</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>	Career and Employment Exploration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Strengths	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Talents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Compensatory Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Compensatory Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No										

- | | | |
|---|------------------------------|--|
| Natural Supports | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability Specific Accommodation Needs | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| How to request a Reasonable Accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disclosure of Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment Rights under Title 1 ADA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above have not been addressed, specify why:

5. Has the participant actively demonstrated increased competency in the above areas?

Yes No Please summarize:

6. Does Self-Advocacy for Employment report include a checklist of newly mastered skills and competencies the participant has attained?

Yes No Comments:

Completed By:

Signature of Qualified Staff

Date

Printed Name

Title

Phone Number:

Email: