### Job Preparation Services

**123X – Self-Advocacy for Employment**

<table>
<thead>
<tr>
<th>AV#: (7 digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCES-VR ID#: (6 digits)</td>
</tr>
<tr>
<td>CAMS ID #: (10 digits)</td>
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<table>
<thead>
<tr>
<th>VR District Office:</th>
<th>Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRC Name:</td>
<td>NYS Fiscal System ID:</td>
</tr>
<tr>
<td></td>
<td>Report Date:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant First Name:</th>
<th>Participant Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Participant Email Address:</td>
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1. **Units of Service Utilized:**
   (Unit: Hour)

2. **Dates of Service:**

3. **Was the service provided individually or in a group (no more than 5)?**
   - [ ] Individual
   - [ ] Group

   If group format, was the curriculum and syllabus approved by the District Office? (Maintain documentation of this approval in agency records)
   - [ ] Yes
   - [ ] No

4. **Does the Self-Advocacy for Employment report include the following topics?**

   - Career and Employment Exploration
     - [ ] Yes
     - [ ] No

   - Personal Strengths
     - [ ] Yes
     - [ ] No

   - Talents
     - [ ] Yes
     - [ ] No

   - Compensatory Skills
     - [ ] Yes
     - [ ] No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Supports</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disability Specific Accommodation Needs</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>How to request a Reasonable Accommodation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disclosure of Disability</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Employment Rights under Title 1 ADA</td>
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<td>☐</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Signature of Qualified Staff</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td>Title</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
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