

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

**124X- Instruction in Self-Advocacy**

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

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| --- | --- | --- | --- | --- | --- |
| 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 | | | |

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| **Units of Service (Hours):** | | | | | | | | Click to enter | | | | | | | | | | | | | | |
|  | |  | | |  | | |  |  | | |  | |  | |  | | |  | | |  |
| **Dates of Service Delivery:** | | | | | | | | Click to enter | | | | | | | | | | | | | | |
|  | |  | | |  | | |  |  | | |  | |  | |  | | |  | | |  |
| **Service Delivery Format:** | | | | | | | |  | Individual service | | | | |  | Group service | | | | | | |  |
|  | |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  |
| **Areas Addressed Based on Student’s Needs:** | | | | | | | | | | | | | | | | |  |  | | |  | |
| Click to enter | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  |  | |  | |  | |  | |  |  | | |  | |
| **Newly Mastered Skills and Competencies (Direct Result of Service) Please check all that apply.** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  |  | |  | |  | |  | |  |  | | |  | |
|  | Identify Independence | | | | | | |  |  | | Personal Strengths | | | |  | |  | Talents | | | | |
|  | Ability to Evaluate Options | | | | | | |  |  | | Natural Supports | | | |  | |  | Assertiveness | | | | |
|  | Compensatory Skills | | | | | | |  |  | | Disability Disclosure | | | |  | |  | Leadership Skills | | | | |
|  | Leading Support Plans | | | | | | |  |  | | Problem Solving | | | |  | |  | Self-awareness | | | | |
|  | How to Request Help | | | | | | |  |  | | Self-monitoring | | | |  | |  | Listening Skills | | | | |
|  | Communication Skills  Oral and written | | | | | | |  |  | | Intrinsic Motivation | | | |  | |  | Setting Goals | | | | |
|  | Disability Understanding | | | | | | |  |  | | Self-determination | | | |  | |  | Positive Self-talk | | | | |
|  | Career and Employment Exploration | | | | | | |  |  | | How to Accept Help | | | |  | |  | Decision Making | | | | |
|  | Awareness of Individualized Accommodations | | | | | | |  |  | | Knowledge of Rights and Responsibilities | | | |  | |  | Request and Utilize Accommodations | | | | |
|  |  | | | | | | |  |  | |  | | | |  | |  |  | | | | |
| Leadership Skills to Develop Self-advocacy Skills, defined as: | | | | | | | | | | | | | | | | | |  | | | | |
|  | Making Decisions | | | | | | |  |  | | Problem Solving | | | |  | |  | Identifying Supports | | | | |
|  | Learning about Self-determination | | | | | | |  |  | | Reaching Out to Others When You Need Help and Friendship | | | | | | | | | | | |
|  | Learning How to Speak up for Oneself | | | | | | |  |  | | Learning How to Get Information so That You can Understand Things that are of Interest | | | | | | | | | | | |
|  |  | | | | | | |  |  | | Employment Rights Under Title I of ADA | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | |  |  | | | | |
| Has participant actively demonstrated increased competency in above areas? | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | Yes | |  | | No | | | | | | | | | |  | | |
| Please explain: | | | |  | | | | | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | | | | | | | | | |

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| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |