Pre-Employment Transition Service (Pre-ETS)

124X- Instruction in Self-Advocacy

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

<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>
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<table>
<thead>
<tr>
<th>Student First Name:</th>
<th>Student Last Name:</th>
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<tbody>
<tr>
<td>Student Phone Number:</td>
<td>Student Age:</td>
</tr>
<tr>
<td>Student Email Address:</td>
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</tbody>
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Units of Service (Hours):

Dates of Service Delivery:

Service Delivery Format:  □ Individual service  □ Group service

Areas Addressed Based on Student’s Needs:

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
| VR-124X |
|------------------|------------------|------------------|
| ☐ 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
- ☐ Identifying Supports
- ☐ 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:

Completed By:

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Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: