



Pre-Employment Transition Service (Pre-ETS)

124X- Instruction in Self-Advocacy

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

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

Student First Name:	Student Last Name:
Student Phone Number:	Student Age:
Student Email Address:	

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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Identify Independence | <input type="checkbox"/> Personal Strengths | <input type="checkbox"/> Talents |
| <input type="checkbox"/> Ability to Evaluate Options | <input type="checkbox"/> Natural Supports | <input type="checkbox"/> Assertiveness |
| <input type="checkbox"/> Compensatory Skills | <input type="checkbox"/> Disability Disclosure | <input type="checkbox"/> Leadership Skills |
| <input type="checkbox"/> Leading Support Plans | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Self-awareness |
| <input type="checkbox"/> How to Request Help | <input type="checkbox"/> Self-monitoring | <input type="checkbox"/> Listening Skills |
| <input type="checkbox"/> Communication Skills Oral and written | <input type="checkbox"/> Intrinsic Motivation | <input type="checkbox"/> Setting Goals |

VR-124X

- | | | |
|---|---|---|
| <input type="checkbox"/> Disability Understanding | <input type="checkbox"/> Self-determination | <input type="checkbox"/> Positive Self-talk |
| <input type="checkbox"/> Career and Employment Exploration | <input type="checkbox"/> How to Accept Help | <input type="checkbox"/> Decision Making |
| <input type="checkbox"/> Awareness of Individualized Accommodations | <input type="checkbox"/> Knowledge of Rights and Responsibilities | <input type="checkbox"/> Request and Utilize Accommodations |

Leadership Skills to Develop Self-advocacy Skills, defined as:

- | | | |
|---|---|---|
| <input type="checkbox"/> Making Decisions | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Identifying Supports |
| <input type="checkbox"/> Learning about Self-determination | <input type="checkbox"/> Reaching Out to Others When You Need Help and Friendship | |
| <input type="checkbox"/> Learning How to Speak up for Oneself | <input type="checkbox"/> Learning How to Get Information so That You can Understand Things that are of Interest | |
| | <input type="checkbox"/> Employment Rights Under Title I of ADA | |

Has participant actively demonstrated increased competency in above areas?

- Yes No

Please explain:

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: