

**Job Preparation Services**

[ ]  **125X-Work Readiness 1 Soft Skills Training**

[ ]  **126X-Work Readiness 1 Soft Skills Training- Deaf Services**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Start Date of Service:** | Click to enter | **End Date of Service:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **In Case of Drop Out, Last Date of Contact:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Number of Units Utilized:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Number of Units Authorized:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Was this report completed and submitted within 10 days of the last service?**  |
|  |  |  |[ ]  Yes | [ ]  | No |  |  |  |
| If no, please explain: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| Workplace readiness training to develop social skills and independent living**is based on a pre-approved** detailed Syllabus/Activity Plan. The Syllabus/Activity Plan must be approved by the ACCES-VR District Office(s) utilizing the service.  |
|  |  |  |  |  |  |  |  |  |  |
| **Describe the Services Provided to the Participant:** |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **List Skill and Provide Progress Rating:** |
|  |  |  |  |  |  |  |  |  |  |
| **Rating Scale:** |  |  |  |  |  |  |  |  |
| * Level 4 is the **Standard of excellence** level. Descriptions should indicate that all aspects of work exceed grade level expectations and show exemplary performance or understanding.
 |
| * Level 3 is the **Approaching standard of excellence** level. Descriptions should indicate some aspects of skill that exceed expectations and demonstrate solid performance or understanding.
 |
| * Level 2 is the **Meets acceptable standard**. This level should indicate minimal competencies acceptable expectations. Performance and understanding are emerging or developing but there are some errors and mastery is not thorough.
 |
| * Level 1 **Does not yet meet acceptable standard.** This level indicates what is not adequate for expectations and indicates that the student has serious need for skill development and improvement.
 |
|  |  |  |  |  |  |  |  |  |  |
| **List skill:** |  |  |  |  | **Progress in acquiring skills Rating (1-4):** |
|  **1)** | Click to enter |  |  **1)** | Click to enter  |
|  **2)** | Click to enter |  |  **2)** | Click to enter  |
|  **3)** | Click to enter |  |  **3)** | Click to enter  |
|  **4)** | Click to enter |  |  **4)** | Click to enter  |
|  **5)** | Click to enter |  |  **5)** | Click to enter  |
|  **6)** | Click to enter |  |  **6)** | Click to enter  |
|  **7)** | Click to enter |  |  **7)** | Click to enter  |
|  **8)** | Click to enter |  |  **8)** | Click to enter  |
|  **9)** | Click to enter |  |  **9)** | Click to enter  |
| **10)** | Click to enter |  | **10)** | Click to enter  |
|  |  |  |  |  |  |  |  |  |  |
| **Newly mastered skills and competencies developed in individual because of service. Please check all that apply.**  |
|  |  |  |  |  |  |  |  |  |  |
|[ ]  Independent Living Skills |  |[ ]  Social/Interpersonal Skills |
|[ ]  Financial literacy |  |[ ]  Orientation and mobility skills |
|[ ]  Job-seeking skills |  |[ ]  Understanding employer expectations for punctuality and performance |
|[ ]  Other “soft” skills necessary for employment: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| Provide a narrative including but not limited to: How has the participant actively demonstrated increased competency in above areas, any concerns, impressions and recommendations for consideration.  |
| 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 |

|  |
| --- |
|  **Provider Supervisor:**  |
|  |  | Click to enter |
| Qualified Staff Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |