



## Job Preparation Services

125X-Work Readiness 1 Soft Skills Training

126X-Work Readiness 1 Soft Skills Training- Deaf Services

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

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

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

**Start Date of Service:**

**End Date of Service:**

**In Case of Drop Out, Last Date of Contact:**

**Number of Units Utilized:**

**Number of Units Authorized:**

**Was this report completed and submitted within 10 days of the last service?**

Yes  No

If no, please explain:

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:**

**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)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)
8)	8)
9)	9)
10)	10)

**Newly mastered skills and competencies developed in individual because of service. Please check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Independent Living Skills                     | <input type="checkbox"/> Social/Interpersonal Skills   |
| <input type="checkbox"/> Financial literacy                            | <input type="checkbox"/> Orientation and mobility skills                                     |
| <input type="checkbox"/> Job-seeking skills                            | <input type="checkbox"/> Understanding employer expectations for punctuality and performance |
| <input type="checkbox"/> Other “soft” skills necessary for employment: |  |

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.

**Completed By:**

\_\_\_\_\_  
 Qualified Staff Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
Printed Name

Phone Number:

**Provider Supervisor:**

\_\_\_\_\_  
Qualified Staff Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Email:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title