

**VR-557X**

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

**557X- Work-Based Learning Development**

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |[ ]  **Paid Experience** |[ ]  **Unpaid Experience** |  |
|  |  |  |  |  |  |
|  |[ ]  **Individual** |[ ]  **Group** |  |
|  |  |  |  |  |  |  |  |  |  |
| **Start Date of Work Experience:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Anticipated Completion Date of Work Experience:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Indicate Last Date of Contact if Drop Out Applies:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Employer-based Work Experience Business Name and Location:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Anticipated Work Experience Schedule:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Below Describe the Work Experience in Detail**  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |

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| **Please describe activities that will be completed in this work experience:** |
|  |  |  |  |  |  |  |  |
|[ ]  Workplace Tours / Field Trips |  |  |  |  |  |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |
|[ ]  Job Shadowing |  |  |  |  |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |
|[ ]  Career Mentorship |  |  |  |  |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |
|[ ]  Informational Interviews |  |  |  |  |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |
|[ ]  Paid or Non-Paid Internships |  |  |  |  |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |
|[ ]  Volunteering |  |  |  |  |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |
|[ ]  The Importance of Networking |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |
|[ ]  Development of Introductory Elevator Speech for Networking |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |
|[ ]  Opportunities to Applying the Knowledge and Tools Learned |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |
|[ ]  Career Related Competitions |  |  |  |  |
|  | Describe: | Click to enter |
|  |  |  |  |  |  |  |  |

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

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