



**VR-557X**  
**Pre-Employment Transition Services (Pre-ETS)**  
**557X- Work-Based Learning Development**

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:	

- Paid Experience**       **Unpaid Experience**  
 **Individual**       **Group**

**Start Date of Work Experience:**

**Anticipated Completion Date of Work Experience:**

**Indicate Last Date of Contact if Drop Out Applies:**

**Employer-based Work Experience Business Name and Location:**

**Anticipated Work Experience Schedule:**

**Below Describe the Work Experience in Detail**

**Please describe activities that will be completed in this work experience:**

- Workplace Tours / Field Trips  
Describe:
- Job Shadowing  
Describe:
- Career Mentorship  
Describe:
- Informational Interviews  
Describe:
- Paid or Non-Paid Internships  
Describe:
- Volunteering  
Describe:
- The Importance of Networking  
Describe:
- Development of Introductory Elevator Speech for Networking  
Describe:
- Opportunities to Applying the Knowledge and Tools Learned  
Describe:
- Career Related Competitions  
Describe:

**Completed By:**

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Signature

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Date

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Printed Name

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Title

Phone Number:

Email:

**Provider Supervisor:**

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Qualified Staff Signature

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Date

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Printed Name

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Title