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:

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:

_______________________________  ______________________________
Signature                                 Date

_______________________________  ______________________________
Printed Name                              Title
Phone Number:                             Email:

Provider Supervisor:

_______________________________  ______________________________