



Job Preparation Services

625X-Work Readiness 2 Skill 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:

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

Mid-Point Report

Final Report

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 2 Skill Development **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:

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

Progress in acquiring skills Rating (1-4):

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

Newly mastered skills and competencies developed as a result of the 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: Has participant actively demonstrated increased competency in above areas? Any concerns, impressions and recommendations for consideration.

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email:

Provider Supervisor:

Qualified Staff Signature

Date

Printed Name

Title