Job Preparation Services

630X-Work Readiness 3 - Skill Development with Work Experience

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:

Number of Units Completed in a Community-based Setting:

Please Indicate the Community-based Setting:

At least one-third of the Work Readiness 3 Skill Development must be done in a community-based setting.

Was this report completed and submitted within 10 days of the last service?
☐ Yes  ☐ No
If no, please explain:

Form Revised Date: 1/15/19
VR-630X

Workplace Readiness 3 Skill Development with Work Experience 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 as a result of the service. Please check all that apply.

☐ Independent Living Skills  ☐ Social/Interpersonal Skills
☐ Financial literacy  ☐ Orientation and mobility skills
☐ Job-seeking skills  ☐ Understanding employer expectations for punctuality and performance
☐ 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.

NOTE: If Job Retention leads to case closure as a direct result of the above defined services, provider may submit a 932X/937X Job Retention Report following 90 days of participant’s employment.

Completed By:

Qualified Staff Signature ___________________________ Date ____________
Printed Name ______________________________________ Title ____________
Phone Number: ____________________________________ Email: ____________

Provider Supervisor:

Qualified Staff Signature ___________________________ Date ____________
Printed Name ______________________________________ Title ____________