



## 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:

**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:**

- 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 |

**VR-630X**

- 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