|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits)  | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |



**Pre-Employment Transition Services (Pre-ETS)**

**122X- Job Exploration Counseling**

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Student First Name: | Click to enter | Student Last Name: | Click to enter |
| Student Phone Number: | Click to enter | Student Age: | Click to enter |
| Student Email Address: | Click to enter |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **Units of Service (Hours):** | Click to enter |
|  |  |  |  |  |  |  |  |
| **Dates of Service Delivery:** | Click to enter |
|  |  |  |  |  |  |  |  |
| **Service Delivery Format:** |[ ]  Individual Service |[ ]  Group Service |
|  |  |  |  |  |  |  |  |
| **Areas addressed based upon student needs:** |
|[ ]  Vocational Interest Inventory Results |
|[ ]  Labor Market |
|[ ]  In-demand Industries and Occupations |
|[ ]  Non-traditional Employment Options |
|[ ]  Identification of Career Pathways of Interest to the Student(s) |
|[ ]  Career Awareness |
|[ ]  Career Speakers |
|[ ]  Career Student Organization |
|[ ]  Skills Needed in the Workforce for Specific Jobs |
|  | (List Jobs:) | Click to enter |
| **Other Areas:** | Click to enter |
|  |  |  |  |  |  |
| **Please provide a narrative describing the students experience with the Job Exploration Counseling services delivered:** |
| Click to enter |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Signature of Evaluator I |  | Date |  |
|  |  |  |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

|  |
| --- |
|  **Provider Supervisor:**  |
|  |  | Click to enter |
| Signature of Evaluator II |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |