

**VR-123X**

**Job Preparation Services**

**123X – Self-Advocacy for Employment**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |  |  | | | |  |  |  |
| **1.** | **Units of Service Utilized:** | | | | Click to enter | | | | | | | | |
|  | (Unit: Hour) | | | | | | | | | | | |  |
|  |  |  |  | |  |  |  | | | |  |  |  |
| **2.** | **Dates of Service:** | | | Click to enter | | | | | | | | | |
|  |  |  |  | |  |  |  | | | |  |  |  |
| **3.** | **Was the service provided individually or in a group (no more than 5)?** | | | | | | | | | | |  |  |
|  |  |  | Individual | |  |  | Group | | | |  |  |  |
|  | **If group format, was the curriculum and syllabus approved by the District Office? (Maintain documentation of this approval in agency records)** | | | | | | | | | | | | |
|  |  |  | Yes | |  |  | No | | | |  |  |  |
|  |  |  |  | |  |  |  | | | |  |  |  |
| **4.** | **Does the Self-Advocacy for Employment report include the following topics?** | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | Career and Employment Exploration | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | |  |  |  |  |  |  |  |  |  |
|  | Personal Strengths | | | |  |  |  | Yes |  |  | No |  |  |
|  |  | | | |  |  |  |  |  |  |  |  |  |
|  | Talents | | | |  |  |  | Yes |  |  | No |  |  |
|  |  | | | |  |  |  |  |  |  |  |  |  |
|  | Compensatory Skills | | | |  |  |  | Yes |  |  | No |  |  |
|  |  | | | |  |  |  |  |  |  |  |  |  |
|  | Natural Supports | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | Disability Specific Accommodation Needs | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | How to request a Reasonable Accommodation | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | Disclosure of Disability | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | Employment Rights under Title 1 ADA | | | | | |  | Yes |  |  | No |  |  |
|  |  | | | | | |  |  |  |  |  |  |  |
|  | If any of the above have not been addressed, specify why: | | | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | | | |
|  |  | | | | | |  |  |  |  |  |  |  |
| **5.** | **Has the participant actively demonstrated increased competency in the above areas?** | | | | | | | | | | | | |
|  |  | | | | | |  | Yes |  |  | No |  |  |
|  | Please summarize: | | | | | |  |  |  |  |  |  |  |
|  | Click to enter | | | | | | | | | | | | |
|  |  | | | | | |  |  |  |  |  |  |  |
| **6.** | **Does Self-Advocacy for Employment report include a checklist of newly mastered skills and competencies the participant has attained?** | | | | | | | | | | | | |
|  |  | | | | | |  | Yes |  |  | No |  |  |
|  | Comments: | | | | | |  |  |  |  |  |  |  |
|  | Click to enter | | | | | | | | | | | | |
|  |  | | | | | |  |  |  |  |  |  |  |

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