

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

**124X- Instruction in Self-Advocacy**

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 on Student’s Needs:** |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Newly Mastered Skills and Competencies (Direct Result of Service) Please check all that apply.**  |
|  |  |  |  |  |  |  |  |  |  |
|[ ]  Identify Independence |  |[ ]  Personal Strengths |  |[ ]  Talents |
|[ ]  Ability to Evaluate Options |  |[ ]  Natural Supports |  |[ ]  Assertiveness |
|[ ]  Compensatory Skills |  |[ ]  Disability Disclosure |  |[ ]  Leadership Skills |
|[ ]  Leading Support Plans |  |[ ]  Problem Solving |  |[ ]  Self-awareness |
|[ ]  How to Request Help |  |[ ]  Self-monitoring |  |[ ]  Listening Skills |
|[ ]  Communication SkillsOral and written |  |[ ]  Intrinsic Motivation |  |[ ]  Setting Goals |
|[ ]  Disability Understanding |  |[ ]  Self-determination |  |[ ]  Positive Self-talk |
|[ ]  Career and Employment Exploration |  |[ ]  How to Accept Help |  |[ ]  Decision Making |
|[ ]  Awareness of Individualized Accommodations |  |[ ]  Knowledge of Rights and Responsibilities |  |[ ]  Request and Utilize Accommodations |
|  |  |  |  |  |  |  |  |
| Leadership Skills to Develop Self-advocacy Skills, defined as:  |  |
|[ ]  Making Decisions |  |[ ]  Problem Solving |  |[ ]  Identifying Supports |
|[ ]  Learning about Self-determination |  |[ ]  Reaching Out to Others When You Need Help and Friendship |
|[ ]  Learning How to Speak up for Oneself |  |[ ]  Learning How to Get Information so That You can Understand Things that are of Interest |
|  |  |  |[ ]  Employment Rights Under Title I of ADA  |
|  |  |  |  |
| Has participant actively demonstrated increased competency in above areas? |
|  |[ ]  Yes |[ ]  No |  |
| Please explain: |  |
| Click to enter |

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