

**Job Preparation Services**

**125X-Work Readiness 1 Soft Skills Training**

**126X-Work Readiness 1 Soft Skills Training- Deaf Services**

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

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

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| **Start Date of Service:** | | | Click to enter | | | | | | **End Date of Service:** | | | | Click to enter | |
|  |  |  |  |  |  | |  | | | | |  |  |  |
| **In Case of Drop Out, Last Date of Contact:** | | | | | | | | | | Click to enter | | | | |
|  |  |  |  |  |  | |  | | | | |  |  |  |
| **Number of Units Utilized:** | | | | Click to enter | | | | | | | | | | |
|  |  |  |  |  |  | |  | | | | |  |  |  |
| **Number of Units Authorized:** | | | | Click to enter | | | | | | | | | | |
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| **Was this report completed and submitted within 10 days of the last service?** | | | | | | | | | | | | | | |
|  |  |  |  | Yes | | |  | | | No | |  |  |  |
| If no, please explain: | | Click to enter | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | | | | |  |  |  |
| Workplace readiness training to develop social skills and independent living**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. | | | | | | | | | | | | | | |
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| **Describe the Services Provided to the Participant:** | | | | | | | | | | | |  |  |  |
| Click to enter | | | | | | | | | | | | | | |
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| **List Skill and Provide Progress Rating:** | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | |
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| **List skill:** | |  |  |  |  | | **Progress in acquiring skills Rating (1-4):** | | | | | | | |
| **1)** | Click to enter | | | | | |  | **1)** | | | Click to enter | | | |
| **2)** | Click to enter | | | | | |  | **2)** | | | Click to enter | | | |
| **3)** | Click to enter | | | | | |  | **3)** | | | Click to enter | | | |
| **4)** | Click to enter | | | | | |  | **4)** | | | Click to enter | | | |
| **5)** | Click to enter | | | | | |  | **5)** | | | Click to enter | | | |
| **6)** | Click to enter | | | | | |  | **6)** | | | Click to enter | | | |
| **7)** | Click to enter | | | | | |  | **7)** | | | Click to enter | | | |
| **8)** | Click to enter | | | | | |  | **8)** | | | Click to enter | | | |
| **9)** | Click to enter | | | | | |  | **9)** | | | Click to enter | | | |
| **10)** | Click to enter | | | | | |  | **10)** | | | Click to enter | | | |
|  |  |  |  |  |  | |  | | | | |  |  |  |
| **Newly mastered skills and competencies developed in individual because of 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: | | | | | | | | | | | Click to enter | | |
|  |  |  |  |  |  | |  | | | | |  |  |  |
| Provide a narrative including but not limited to: How has the participant actively demonstrated increased competency in above areas, any concerns, impressions and recommendations for consideration. | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | |
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| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Supervisor:** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |