

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

**127X- Workplace Readiness Training to Develop Social Skills and Independent Living**

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

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

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| **Units of Service (Hours):** | | | | Click to enter | | | | | | | | | |
| **Dates of Service:** | | | | Click to enter | | | | | | | | | |
|  |  | |  |  | |  |  | |  |  | |  |  |
| All providers of Workplace Readiness Training to develop social skills and independent living must submit a detailed, two-page syllabus on the content of the proposed Pre-ETS Workplace readiness training to develop social skills and independent living service (127X). | | | | | | | | | | | | | |
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| **Areas Addressed based on student’s needs:** List the type of services provided to the participant and the individual’s progress (rating 1-4) acquiring soft skills and independent living. | | | | | | | | | | | | | |
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| **List Soft skill or Independent Living Skill and provide rating scale defined:** | | | | | | | | | | | | | |
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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 (Direct result of the service). Please check all that apply.** | | | | | | | | | | | | | |
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|  | 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 | | |
|  |  | |  |  | |  |  | |  |  | |  |  |
| **Has participant actively demonstrated increased competency in above areas?** | | | | | | | | | | | | | |
|  |  | Yes |  | | | No | | | |  | |  |  |
|  | 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 |