|  |  |  |
| --- | --- | --- |
| 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)**

**964X- Worksite Based Trainer**

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Vendor: | 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 |

This service is for students age 14-21 who participate in Pre-ETS WBL experience in a competitive integrated employment setting. The Trainer provides hourly support to the student participating in WBL activities such as WBLE Development (557X), Project Search, job shadowing, career mentorship, career related competitions, informational interviews, volunteering, workplace tours/field trips, practicum, service learning, student led enterprises, and simulated workplace experiences.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **Date and hours provision of Worksite Based Training:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Indicate last date of contact if drop out applies:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Employer-based Work Experience business name and location:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Total time providing Worksite Based Trainer services to student:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **List the activities delivered to the student specific to the WBL experience.** |
|  |  |  |  |  |  |  |  |  |  |  |
|  1) | Click to enter |
|  2) | Click to enter |
|  3) | Click to enter |
|  4) | Click to enter |
|  5) | Click to enter |
|  6) | Click to enter |
|  7) | Click to enter |
|  8) | Click to enter |
|  9) | Click to enter |
| 10) | Click to enter |
|  |  |  |  |  |  |  |  |  |  |  |
| Please provide a narrative describing the support the Trainer provided in **each activity.** Discuss the student outcome, skill acquisition and recommendations for future career exploration and development resulting from the student’s participation.  |
| 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 |