

**INSTRUCTION IN SELF-ADVOCACY**

Student Name and Student ID:

**Instructions:** Complete all sections below and upload the completed document for review. This form must be completed and submitted electronically. Alternative formats or submissions (i.e., handwritten, mailed, or facsimiled copies) will not be accepted, and may delay payment processing.

Once all four activities in the category of **Instruction in Self-Advocacy** have been provided to the student please submit this completed form for payment. Failure to do so within 30 of days of the contract quarter end may result in non-payment of services.

**Section 1: Activity Summary**

Please note that all four activities must be provided before submission of this form. Do not submit any activity individually. If an activity continues into a second session, also complete line b for that activity.

Name of Activity	Date	Time In	Time Out	Staff Initial
1.	a.			
	b.			
2.	a.			
	b.			
3.	a.			
	b.			
4.	a.			
	b.			

**Section 2: Activity Detail**

Please describe **each** activity listed above in detail.

## INSTRUCTION IN SELF-ADVOCACY-*Continued*

### Section 3: Topics Covered

*Please check all services that were provided to the student this quarter.*

*Individual Group*

*Individual Group*

Assisted in the development of positive self identity

Expanded problem solving skills

Defined and developed elevator speech

Developed self-monitoring skills

Increased knowledge of rights and responsibilities

Increased decision making skills

Developed compensatory skills

Enhanced communication skills

Developed leaderships skills

Enhanced assertiveness skills

Explored proactive vs reactive thinking

Promoted self-determination skills

Explored student's intrinsic motivation

Developed goal setting skills

Explored student's extrinsic motivation

Explored and identified natural

Promoted expressive and receptive skills

supports

Other: *Please Specify*

How did the student benefit from the services provided? How does the student perceive (s)he benefited?

### Section 4: Next Steps

What additional Pre-Employment Transition Services (Pre-ETS) does this student need? ***Check all titles that apply.***

Instruction in Self-Advocacy

Job Exploration Counseling

Workplace Readiness Training to Develop Social Skills and Independent Living

Work-Based Learning

Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education

Programs at Institutions of Higher Learning

I hereby certify that the data submitted on this document is true and correct and supported by the Service Provider's internal records.

Vendor Staff Signature: