New York State Department of Education Office of Adult Career and Continuing Education Services-Vocational Rehabilitation Pre-Employment Transition Services for Potentially Eligible Students with Disabilities

JOB EXPLORATION COUNSELING

Student Name and Student ID:

Instructions: Complete <u>all</u> 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 <u>Job Exploration Counseling</u> 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.

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JOB EXPLORATION COUNSELING-Continued

Section 3: Services Provided

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

Individual Group

Assisted using career exploration websites such as O*NET and Career Zone

Defined and discussed career pathways, and assisted student with identifying multiple viable career paths

Provided information regarding non-traditional employment

Visited American Job centers

Visited Job Corps centers

Shared and discussed local labor market information and how it impacts the student

Provided informational interviews

Participated in a local career or transition fair

Administered specific interest inventories (results should be included in the description portion of page one)

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: