



Job Preparation Services Self-Advocacy for Employment

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Self-Advocacy for Employment															
<p>Units of Service Utilized: (Unit = 1 hour)</p> <p>Dates of Service:</p> <p>Was the service provided individually or in a group?</p> <p style="text-align: center;"> <input type="checkbox"/> Individual <input type="checkbox"/> Group </p> <p>Was the Self Advocacy for Employment curriculum and syllabus approved by the District Office? (Note: Please maintain ACCES-VR curriculum approval in the case record)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Does the Self-Advocacy for Employment report include the following topics?</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 45%;">Career and Employment Exploration</td> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 30%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Personal Strengths</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Talents</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Compensatory Skills</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Natural Supports</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Career and Employment Exploration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Strengths	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Talents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Compensatory Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Natural Supports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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VR-123X

- | | | |
|---|------------------------------|-----------------------------|
| Disability Specific Accommodation Needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How to request a Reasonable Accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disclosure of Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment Rights under Title 1 ADA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above have not been addressed, specify why:

Has the participant actively demonstrated increased competency in the above areas?

- Yes No

Please summarize observations and assessment of acquired skills and competencies.

Completed By:

Printed Name

Title

Phone:

Email:

Supervisor

Printed Name

Title