

Pre-Employment Transition Service (Pre-ETS)

Instruction in Self-Advocacy

**Check Appropriate Box:**

**124X - Eligible Student**

**1006X - Potentially Eligible Student**

|  |  |
| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor name |
| VRC Name: Click to enter. | SFS Vendor ID: SFS Vendor ID. | |
|  | Report Date: Click to enter a date. | |

|  |  |
| --- | --- |
| Student First Name: Click to enter | Student Last Name:Click to enter |
| Student Phone Number: Click to enter | |
| Student Email Address: Click to enter | Student Age: Click to enter |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructions in Self-Advocacy** | | | | |
| **Units of Service Utilized:** Click to enter | | | | |
|  | (Unit = 30 minute Minimum) | | | |
| **Dates of Service:** Click to enter | | | | |
| **Was the service provided individually or in a group?** | | | | |
| Individual | | Group | | |
| **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) | | | | |
| |  |  | | --- | --- | | Yes | No | | | | | |
| **Does the Instruction in Self Advocacy report include the following topics?** | | | | |
| Career and Employment Exploration | | | Yes | No |
| Personal Strengths | | | Yes | No |
| Talents | | | Yes | No |
| Compensatory Skills | | | Yes | No |
| Assertiveness | | | Yes | No |
| Problem-solving Ability | | | Yes | No |
| How to Request Assistance / Clarification | | | Yes | No |
| Natural Supports | | | Yes | No |
| Disability Specific Accommodation Needs | | | Yes | No |
| How to request a Reasonable Accommodation | | | Yes | No |
| Disclosure of Disability | | | Yes | No |
| Employment Rights under Title 1 ADA | | | Yes | No |
| If any of the above have not been addressed, specify why:  Click here to enter text. | | | | |
| **Has the participant actively demonstrated increased competency in the above areas?**   |  |  | | --- | --- | | Yes | No |   Please summarize observations and assessment of acquired skills and competencies. Click here to enter text. | | | | |

|  |  |  |
| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |