

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 |

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| **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) |
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|  |  |
| --- | --- |
|  [ ]  Yes | [ ]  No  |

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| **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. |

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