



**Pre-Employment Transition Service (Pre-ETS)**

**Instruction in Self-Advocacy**

**Check Appropriate Box:**

- 124X - Eligible Student**
- 1006X - Potentially Eligible Student**

Authorization #	
Aware Participant ID	

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

Student First Name:	Student Last Name:
Student Phone Number:	
Student Email Address:	Student Age:

Instructions in Self-Advocacy
<p><b>Units of Service Utilized:</b> (Unit = 30 minute Minimum)</p> <p><b>Dates of Service:</b></p> <p><b>Was the service provided individually or in a group?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Individual                     <span style="margin-left: 150px;"><input type="checkbox"/> Group</span> </p> <p><b>Was the Self Advocacy for Employment curriculum and syllabus approved by the District Office?</b> (Note: Please maintain ACCES-VR curriculum approval in the case record)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes                     <span style="margin-left: 150px;"><input type="checkbox"/> No</span> </p>

**Does the Instruction in Self Advocacy report include the following topics?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 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 |
| Assertiveness                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Problem-solving Ability                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How to Request Assistance / Clarification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Natural Supports                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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: