

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

**Worksite Based Learning Experience Mentor**

**Check Appropriate Box:**

**964X - Eligible Student**

**1002X - Potentially Eligible Student**

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

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| 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. |
| Service Dates: Enter dates service was provided.. | Report Date: Click to enter a date. |

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| --- | --- |
| 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 |

This service includes the typical, general training provided to any employee/intern to learn the new tasks and responsibilities in a work experience regardless of the existence or nature of a disability. **Note:** This is not a job coaching service and this service is short-term.

The WBLE Trainer will familiarize the SWD to the worksite, show them how to navigate the environment, explain expected responsibilities, and show them job tasks to meet the employer expectations. All training must be specific to the WBLE environment.

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| Worksite Based Learning Experience Mentor | | | |
| Employer-Based Work Experience Business Name & Address: | Click here to enter Business Name and Address | | |
| Work Experience Start Date: | Click here to enter a date. | | |
| **Anticipated Completion Date of**  **Work Experience:** | Click here to enter a date. | | |
| **Work Experience Schedule:** | Click here to enter work schedule (days & hours) | | |
| **Last Date of Contact if**  **Customer Dropped Out of Service:** | Click to enter a date (if applicable). | | |
| Number of Trainer hours utilized for this report: Enter Hours used during report period  Total hours utilized to date: Click to enter Total Hours Used to Date  Please provide a detailed description of the activities and supports provided in regard to worksite orientation, communication, and the development of essential work skills to meet employer expectations. | | | |
| **Activity / Skill Development** | | **Support Provided & Outcome** | |
| Click here to enter activity. | | | Click here to enter support / outcome. |
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| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |