



## Pre-Employment Transition Services (Pre-ETS) Worksite Based Learning Experience Mentor

Check Appropriate Box:

- 964X - Eligible Student
- 1002X - Potentially Eligible Student

Authorization #	
Aware Participant ID	

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

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

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.

<b>Worksite Based Learning Experience Mentor</b>
<b>Employer-Based Work Experience Business Name &amp; Address:</b>
<b>Work Experience Start Date:</b>
<b>Anticipated Completion Date of Work Experience:</b>
<b>Work Experience Schedule:</b>
<b>Last Date of Contact if Customer Dropped Out of Service:</b>

**VR-964X / PE-1002X**

**Number of Trainer hours utilized for this report:**

**Total hours utilized 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

**Completed By:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

Phone:

Email: