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| Texas Workforce Solutions Logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Pre-Employment Transition Services(Pre-ETS) Progress Report**   |
| **General Instructions**  |
| The Pre-ETS trainer follows the instructions below when completing this form.* Complete the form electronically and answer all questions.
* Write summaries in clear, descriptive language. Leave no blanks. Enter N/A if not applicable.
* Print the form, get the signatures, and submit the form to the VR counselor with a corresponding invoice.
* Make certain that all standards are met before submitting this form with an invoice for payment.
 |
| **Student Information**  |
| **Student’s name:**      | **Case ID:**      |
| **Service authorization (SA) number:**       |
| **Training Facts**  |
| **Training facilitated:** [ ]  In a group setting (maximum of six students for each trainer)[ ]  In an individual setting (one trainer to one student)[ ]  In a combination of group and individual settings[ ]  In-person training (with the staff and customer(s) at the same physical location)[ ]  Remote training (using a computer-based training platform that allows for face-to-face and/or real time interaction)[ ]  A combination of in person and remote trainingTraining was provided (select one): [ ]  During school hours [ ]  After school hoursTraining setting (select one): [ ]  At the customer’s school [ ]  At another location |
| **Training instructional approaches used in the delivery of the curriculum to meet the student’s learning styles and preferences** (Mark all that apply.):     |
| [ ]  Discussions | [ ]  PowerPoint presentations | [ ]  Inquiry-based instructions |
| [ ]  Hands-on experiments | [ ]  Project and problem-based learning | [ ]  Computer-aided instructions |
| [ ]  Other approaches; Describe:       |
| **Instructions:** * For each week of the training, enter the date (mm/dd/yy) of Monday through Sunday in the date column.
* For each day of the week, record the number of hour(s) the student participated in each Pre-ETS area of training that is applicable.  Abbreviate each category using the following: Career Exploration- CE; Work-Based Learning (WBL);  Counseling on Post-Secondary Training Opportunities (CPS); Workplace Readiness (WR); and Self-Advocacy (SA). See the example below.
* If the student is absent from the training, record an “A” for the day missed.
* Notify the counselor by email if a student misses more than one consecutive day of training.
* Total the number of hours that the student attended the training.
 |
| **Attendance**  |
| **Week** | **Date (Mon-Sun)** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Example** | 7/11/19 – 7/15/19 | 4- WR2- SA | 3- WBL | 2- CPS4- WR | 3- CPS | 3- CE | 0 | 0 |
| **1** |       |       |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |       |       |
| **4** |       |       |       |       |       |       |       |       |
| **5** |       |       |       |       |       |       |       |       |
| **6** |       |       |       |       |       |       |       |       |
| **7** |       |       |       |       |       |       |       |       |
| **8** |       |       |       |       |       |       |       |       |
| **9** |       |       |       |       |       |       |       |       |
| **10** |       |       |       |       |       |       |       |       |
| **Total number of hours student participated in the training:**       **Note:** Payment will only be made for hours attended. If a partial hour was attended, please round to the nearest quarter hour.   |
| **Student’s Responses to Curriculum**  |
| **Instructions:*** On the “Pre-ETS Area(s)” line, enter each of the Pre-ETS areas covered during that billing period.
* After the training is complete, use the scale below to rate the student’s competency related to the skills and knowledge areas listed below.
* Using the same Pre-ETS coding as above (WR, SA, WBL, CPS, CE), enter the training topics covered in the numbered spaces below. For example: “WR: Appropriate dress for work”. Each topic should correspond with a training goal from the VR1824.
 |
| **Level**  | **Description of Competency Level**  |
| Marginal   | * Limited or no understanding or knowledge
* Requires supervision the majority of the time
 |
| Basic   | * Basic understanding or knowledge
* Requires some guidance or supervision
 |
| Proficient    | * Detailed understanding or knowledge
* Capable of assisting others in the application of skills and tasks
* Requires minimum guidance or supervision and works independently
 |
| **Training Goals**  |
| **Pre-ETS Area(s):**       | **Marginal** | **Basic** | **Proficient** | **N/A** |
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| **Student’s Overall Performance**  |
| **Instructions**:Use the scale to rate the student’s overall performance.     |
| Ability to learn   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Accuracy of work   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Accepts assistance   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| [Adaptability](https://www.southeastern.edu/admin/hr/ee_and_mngr_info/manager_information/ppr_comments.html#adapt)   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Appearance and hygiene   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Attendance   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Communication   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Cooperativeness   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Initiative   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Motivation   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Safety practices   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Timeliness   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| **Training Summary**  |
| **Describe all accommodations, compensatory techniques, and special training required by the student.**       |
| **Describe the student’s ability and willingness to perform skills and tasks, including all problematic issues or concerns that emerge.**       |
| **Describe how the student’s skills improved over the course of the service.**       |
| **Describe any additional training needs.**       |
| **Additional Comments**  |
| **Additional comments, if any:**       |

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| **Customer Signatures**  |
| **Verification of the customer’s and/or customer’s authorized representative’s satisfaction and service delivery obtained by:**[ ]  Handwritten signature [ ]  Digital signature (See VR-SFP 3 on Signatures)[ ]  By sending a copy of the document returned with a scanned signature[ ]  An email from the parent or customer (if 18 or over) verifying that the service was received[ ]  If submitting an email verification, describe the attempts to obtain a signature:      [ ]  Unable to obtain signature, describe attempts:       **NOTE:** If the signature or other contact cannot be obtained, an approved 3472 is required for payment.   |
| By signing below, I, the customer, certify that I received the service as recorded within the report above.  If you are not satisfied with the service, contact your VR counselor.  |
| **Customer’s signature:****X** | **Date Signed:**      |
| **Provider Signatures** (See VR-SFP 3 on Signatures) |
| **Pre-ETS Trainer**   |
| **By signing below, I certify that:*** the above dates, times, and services are accurate;
* I personally facilitated all training, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization;
* The customer provided verification above via signature or other acceptable method; and
* I maintain the qualifications for the Pre-ETS Trainer as described in VR-SFP Chapter 15.
 |
| **Typed or Printed name**:      | **Signature:** **X** | **Date Signed**:      |
| **Director**   |
| By signing below, I, the Director, certify that: • I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization;  • I maintain UNTWISE Director credential, as prescribed in VR-SFP.    |
| **Director Typed or Printed name**:      | **Director Signature:** **X** | **Date Signed**:      |