



## Work Experience Plan and Placement Report

**Instructions:** Follow the instructions below when completing this form and follow the associated Standards for Providers.

- The Work Experience Plan will be completed electronically (on computer) by VR staff members
  - at the planning meeting held prior to the Work Experience Placement service authorization being issued;
  - at a follow-up planning meeting when work experience skills, tasks, responsibilities or work experience conditions need to be added, eliminated or changed from non-negotiable to negotiable on the original VR1601, Work Experience Plan prior to the establishment of the placement;
- All Work Experience Plan signatures will be collected after the Work Experience Plan is completed.
- At the conclusion of the meeting, VRS staff will provide to the provider: a printed paper copy of the signed Work Experience Plan and a Microsoft Office Word file of the form so that the form can be used by the provider after placement.
- After the establishment of the Work Experience Placement, the Work Experience Specialist will document the achievement of a six-digit SOC Code, Work Experience Conditions, complete the Placement Report and gain signatures prior to invoicing for payment of the Work Experience Placement.

### Customer Information

<b>Customer name:</b>	<b>VR case ID:</b>
<b>Associated service authorization number:</b>	

### Work Experience Planning Meeting Information

<b>Location of meeting:</b>	<b>Date:</b>	<b>Time:</b>
<b>Customer:</b>	<b>Guardian, if any:</b>	
<b>Counselor:</b>	<b>Provider:</b>	
<b>Record the names and relationship to the customer of anyone else attending the meeting.</b>		

### Customer's Overview

<b>List the customer's skills, abilities, and attributes.</b>	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

## Work Experience SOC Description

**Instructions:**

- VRS staff will record no more than 3 System Occupational Classification (SOC) Code using the full 6-digit SOC Cluster-SOC-Codes.
- The SOC code must match the work experience duties of the position secured. SOC job task can be found at: <https://www.onetonline.org/find/>
- Work Experience Specialist records the achievement of the SOC in the position secured.

6-Digit SOC Code(s)	SOC Occupational Title or Description:	Achieved in the Work Experience Placement:	
		Yes	No
1.			
2.			
3.			

## Work Experience Skills, Tasks, and Responsibilities

**Instructions:**

- VRS Staff will describe of the job responsibilities, soft skills, or work duties to be in the position secured
- VR counselor will list the soft skills, hard skills, tasks, responsibilities or work duties to be included in the SOC Occupational Title or Description recorded above.
- Work Experience Specialist records what skills, tasks and responsibilities are present in the Work Experience Placement.
- **Note:** The work experience placement must meet at least three of the skills, tasks and responsibilities listed below.

**Achieved in Work Experience Placement**

Work Experience Skills, Tasks, and Responsibilities	Yes	No
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

## Work Experience Conditions

**Instructions:**

- VR staff will: Record all Employment Conditions in measurable terms and indicate if the Work Experience Conditions are “negotiable” or “non-negotiable” ; Address support needs and any mandatory commitments that must be planned around for the customer to maintain the Work Experience Placement; and Record “N/A” if an Work Experience Condition criterion does not apply to the customer.
- The Work Experience Specialist will select the appropriate box to indicate if each Work Experience Condition is achieved after the Work Experience Placement secured for the customer.
- **Note:** All non-negotiable Work Experience Conditions and 50 percent or more of negotiable Work Experience Conditions must be achieved in the Work Experience Placement.

**Achieved  
in Work  
Experience  
Placement**  
(completed  
by provider)

Work Experience Conditions	Negotiable	Non-negotiable	Yes	No
<b>1. Work Experience Work Environment:</b> Must be in a competitive integrated environment Can be in a non-competitive integrated environment, when necessary, to meet a customer’s individual needs		<input checked="" type="checkbox"/>		
<b>2. Work Experience Setting:</b> Volunteer Employer internship Employer-paid temporary/short-term work		<input checked="" type="checkbox"/>		
<b>3. Wage Service:</b> TWS-VR will not sponsor Wage Services TWS-VR will sponsor Wage Services for temporary/short-term employment at the Work Experience site at the level indicated below: Entry Level – O’Net Job Zones One and Two Intermediate – O’Net Job Zone Three Advanced – O’Net Job Zone Four <b>Note:</b> Worksite Agreement must be signed by employer when TWS-VR Wage Services are used.		<input checked="" type="checkbox"/>		
3. Minimum and maximum number of hours that customer can participate in work experience per week: Minimum            and maximum				
4. Minimum and maximum number of hours that customer can participate in work experience per shift: Minimum            and maximum				
5. Weekday hours available the customer can participate in Work Experience (Record the times the customer is available to participate in the work experience for each day.)				
Sunday:				
Monday:				

Tuesday:				
Wednesday:				
Thursday:				
Friday:				
Saturday:				
6. Distance and time willing to travel to and from work:				
7. Primary transportation method:				
8. Secondary transportation method:				

9. Commitment(s) that must be accommodated (Examples: school, classes, religious observances criminal charges or convictions, and probation/parole):				

10. Work Experience accommodation(s) and other support needs: (Examples are physical restrictions, safety issues, learning needs, training needs, or adaptive equipment.)				

**Training Delivery Method (select one)**

Only in-person     
 Only remotely     
 In person and/or remote as dependent on customer's needs

**Note:**

- Only remotely, and In person and/or remote as dependent on customer's needs; can be facilitated after the Job Analysis is complete and when employer agrees to allow customer to use required technology at jobsite.
- The VRC has determined the customer would benefit from remote services via a Service Authorization that indicates remote services
- The 2 required in-person visits may not be done remotely.

**Training Setting (select one)**

Individual     
 Group (maximum 4 customers to 1 trainer)

## Potential Work Experience Sites

**Instructions:**

List potential Work Experience sites where the customer can gain the skills, learn tasks and achieve the Employment Conditions outlined on this form. When a contact at the potential site can be identified, record their contact information below, otherwise record N/A.

Work Experience Site name and address	Contact(s) - (Record name, phone, and/or email)
1.	
2.	
3.	

### Premiums Approved by VR Counselor (check all that apply)

None  
  Autism  
  Blind and Visually Impaired  
  Brain Injury  
  Deaf  
  other, specify:

### Provider and VR Contacts

Work Experience Specialist maintains contact with VR Counselor every:

### Additional Comments

Additional comments, if any:

### Work Experience Plan Meeting Signatures

**Customer Signature**

By signing below, I, the customer or authorized representative, agree with the Work Experience Conditions, Work Experience SOC codes recorded on this report and established in the Work Experience Placement Plan Meeting.

**Customer's signature:**

**X**

**Date:**

**Customer's legally authorized representative's signature, if any:**

**X**

**Date:**

**Work Experience Specialist Signature** (only required at the Placement Planning Meeting(s))

By signing below, I, the Work Experience Specialist, agree to locate a Work Experience Placement for the customer matching the Work Experience Conditions and Work Experience SOC codes recorded on this report and established in the Work Experience Placement Plan.

**Work Experience Specialist**

**X**

**Date:**

**VR Counselor Signature** (only required at the Placement Planning Meeting(s))

By signing below, I, the customer's Vocational Rehabilitation Counselor, agree with the Work Experience Conditions and Work Experience SOC codes recorded on this report and established in the Work Experience Placement Plan.

**VR Counselor's signature:**

**X**

**Date:**

**Section Below Completed After Work Experience Placement Obtained**

**Training Facts**

**Training facilitated:** (Check all that apply)

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 training

**Customer's Work Experience Site**

**Company name:**

**Street address (include suite number, if any):**

**City:**

**State:**

**ZIP code:**

**Contact person's name:**

**Contact person's title:**

**Contact person's phone number:**

**Contact person's email:**

**Work Experience Summary**

**Record the dates for the first 5 days the customer volunteered or worked at the work experience placement site:**

Day 1

Day 2

Day 3

Day 4

Day 5

**Summarize the steps taken to secure a work experience placement site for the customer.**

**Describe the customer's level of participation and abilities related to securing work experience site.**

**Describe the customer's transportation to get to and from the work experience site.**

**Describe any accommodations, compensatory techniques and special training needs required by the customer.**

The first 5 days of the customer's Work Experience Placement the Work Experience Specialist should ensure the work experience placement is meeting the criteria in the plan, that both the business and customer have supports set-up for the length of the work experience and are satisfied with the arrangements. The training should not address goals outlined on the VR1604.

**Summarize any assistance, training and supports provided by the Work Experience Specialist:**

**Customer:**

**Business:**

**Summarize any recommendation related to future training that can enhance or improve the customer's skills.**

**Additional Comments**

**Additional comments, if any:**

**Customer Signatures**

**Verification of the customer or 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  
 Unable to obtain signature, describe attempts:  
 Email verification, per VR-SFP 3 (must be attached)

By signing below, I, the customer or authorized representative, agree with the information recorded within the report above. If you are not satisfied, do not sign. Contact your VR counselor.

<b>Customer's signature:</b> <b>X</b>	<b>Date Signed:</b>
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**Type of Provider:**    Traditional-bilateral contractor      Transition Educator      Non-traditional

**Premiums to be invoiced:**     None     Autism     Blind and Visually Impaired     Brain Injury  
 Deaf     other, specify:

**Work Experience Trainer**

**By signing below, I certify that:**

- the above dates, times, and services are accurate;
- I personally facilitated all training in a work experience that meets 100% of the non-negotiable and 50% of the negotiable conditions and one of the six-digit SOCs listed on this form and documented the service met all other outcomes required for payment, as prescribed in the VR-SFP and service authorization;
- Verification of the customer's satisfaction and service delivery obtained as stated above;
- I maintain the staff qualifications required for a Work Experience Trainer as described in the VR-SFP or Service Authorization; and
- I signed my signature and entered the date below.

<b>Typed or Printed name:</b>	<b>Signature:</b> (See VR-SFP 3 on Signatures) <b>X</b>	<b>Date Signed:</b>
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**Select all that apply:**

UNTWISE Credentialed with ID:                       VR3490-Waiver Proof Attached  
 Transition Educator     Non-traditional  
 RID/BEI/SLIPI with Number:                      or  proof attached

**Director (only required for Traditional-Bilateral Contractors)**

**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;
- I signed my signature and entered the date below.

<b>Director Typed or Printed name:</b>	<b>Director Signature:</b> (See VR-SFP 3 on Signatures) <b>X</b>	<b>Date Signed:</b>
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**Select all that apply:**     UNTWISE Credentialed with ID:  
 VR3490-Waiver Proof Attached

**VRS Use Only**

If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Make a case note to document the results of the review and the date VR3460 was sent to provider, when applicable.

**Technical Review to Verify Provider Qualifications**  
(Completed by any VR staff such as RA, CSC, VR Counselor)

**When Work Experience Trainer is a Transition Educator or Non-Traditional provider, skip this section.**

**Director's Credential:**

UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  
 maintained or waived the UNTWISE Director Credential  
 did **not** hold a valid UNTWISE Director Credential

**Work Experience Trainer's Credential:**

UNTWISE website or attached VR3490 verifies, for the dates of service, the Work Experience Trainer listed above:  
 maintained or waived the required UNTWISE Credential  
 did **not** hold a valid UNTWISE Credential

**UNTWISE Endorsements:**

UNTWISE website verifies, for the dates of service, the Work Experience Trainer listed above maintained the following endorsement:  
 None    Autism    Blind and Visually Impaired    Brain Injury    other, specify:

**Qualifications Related to Deaf Premium:**

Attached documentation verifies, for the dates of service, the Work Experience Trainer listed above maintained one of the following:  
 not applicable/no attachment    BEI    RID    SLIPI

**Verification of Service Delivery**

**Technical Review** (completed by any VR staff such as RA, CSC, VR Counselor)

Verified that the report is accurately completed per form instructions	Yes	No
Verified that the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA	Yes	No
Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.	Yes	No
When applicable, verify a copy of an approved VR3472 is attached to the report?	NA	Yes No
Verified that the customer's work experience site is on the form.	Yes	No
Verified the customer worked, volunteered, or participated in an internship for at least 5 days/shifts	Yes	No
When applicable, verified a signed VR3142, Work Site Agreement for Wage Service Provided-WorkQuest was obtained from the Work Experience site.	NA	Yes No
Verified the customer's satisfaction with the training through signature on the form and/or by VR staff member contact with customer	Yes	No
Verified that the appropriate fee(s) was invoiced	Yes	No

**Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:**

1.	Date:	2.	Date:
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**VR Counselor Review**

Verify evidence that the Work Experience Specialist assisted the customer in securing the work experience site.	Yes	No
Verified the employment is in an integrated employment setting	Yes	No
Verified customer achieved 100% of non-negotiable employment conditions and at least 50% of the negotiable employment conditions at achievement of each benchmark	Yes	No
Verified customer achieved one of the six-digit SOCs listed as a measurable employment goal	Yes	No
Verified the customer received necessary accommodations, supplies and resources; various instructional approaches were used; and the customer has the ability to use compensatory techniques to increase ability to perform task and skills	Yes	No
Verified at the original or any additional work experience placements, Work Experience Specialist assisted the customer in securing the work experience placement (training, job leads, etc.)	Yes	No
Verified the customer was trained and demonstrated knowledge of and ability to perform skills/tasks as required in the service description and outcomes required for payment	Yes	No
Verified the products produced from the service are accurate, professional, and of acceptable quality (e.g., self-assessments, résumés, elevator speech, employment conditions, extension activities)	Yes	No
<p><b>By typing or printing your name, the VRC verifies:</b></p> <ul style="list-style-type: none"> <li>• completion of the technical review,</li> <li>• services provided met the customer's individual needs,</li> <li>• services provided met specifications in the VR-SFP and on the SA, and</li> <li>• customer's or legally authorized representative's satisfaction with services received.</li> </ul> <p><b>Approve to pay invoice      Do not approve to pay invoice</b></p>		
VR Counselor:	Date:	