

General Instructions

Instructions:

- Complete one form for each staff person working with the customer.
- The Work Experience Trainer completes the Work Experience Training Report and the signatures are collected after all Work Experience Training services have been provided.
- Complete the form electronically (on the computer), making certain all questions are accurately and thoroughly answered and all applicable standards have been met before submitting by fax, encrypted email, or mailing with an invoice for payment.

Customer name:

VRS case ID:

Service authorization (SA) number:

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 Training Goals

Instructions: In the first column below, select the checkbox if the goal is identified for the customer. Transfer goals from the referral. If the goal is selected for the customer, individualize the goal by entering "Potential Areas of Focus." If additional goals are identified, add them to the form.

| | |
|------------------------------|---|
| <input type="checkbox"/> Yes | 1. Evaluate and make recommendations for support and training needs, accommodations, adaptive equipment, and job aids to ensure safe and efficient performance by the customer at the work experience's site. Potential Areas of Focus: |
| <input type="checkbox"/> Yes | 2. Assist the customer in learning hard and soft skills necessary to meet the work experience site's expectations. Potential Areas of Focus: |
| <input type="checkbox"/> Yes | 3. Identify performance issues and implement a plan of action to improve performance of the customer. Potential Areas of Focus: |
| <input type="checkbox"/> Yes | 4. Establish support and training needs, accommodations, aids necessary to remove barriers to ensure successful work experience for the customer and site. Potential Areas of Focus: |
| <input type="checkbox"/> Yes | 5. Observe, monitor, and make recommendations related to the customer's performance of tasks, use of aids and need for accommodations to remove barriers for successful engagement in the work experience for the customer. Potential Areas of Focus: |
| <input type="checkbox"/> Yes | 6. The work experience trainer will gradually reduce the time spent with the customer at the work experience site, as the customer becomes better adjusted and more independent. Potential Areas of Focus: |
| <input type="checkbox"/> Yes | 7. Additional goal(s): |

Training Facts

Training provided in the following setting:

- Individual
- Group (maximum 6 customers to 1 trainer)

Training provided using the following delivery method:

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

Note: For remote service delivery, the first training session must be held in person, at or away from the jobsite, to evaluate the customer's and employer's training needs and to set-up necessary equipment and software to facilitate remote service delivery.

When training is facilitated in a group setting, record the VRS case IDs of all customers who participated in the group training session(s).

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Progress Log

Instructions:

- Indicate what setting(s) the training was provided.
- When the training is provided in a group setting, record the other group member's VRS case ID.
- For each entry on the progress report, enter the date the service was provided; the start time and end time of session; the total time of session using quarter hour .25 increments (Note: .25 = 15 minutes, .50 = 30 minutes, .75 = 45 minutes, and 1.0 = 60 minutes. Use 0 for non-billable notation); the number of each goal addressed; the setting the training occurred; and record a narrative description of both the services provided by the Work Experience Trainer and the customer's performance including progress towards goals.
- Indicate total time for individual, group and all sessions provided. Add any additional comments as appropriate.

| Date (xx-xx-xx) | Time (Start-End) (a.m.-p.m.) | Total time of session | Number of each goal addressed | Setting | Describe the contact or service provided. |
|--------------------|------------------------------------|-----------------------------|-------------------------------------|--|---|
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 | |

| | | | | | |
|--|----|--|--|--|--|
| | | | | Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |
| | to | | | 1 to 1 Group In person Remote | |

Total time for 1 to 1 session(s):

Total time for Group session(s):

Total time for All session(s) provided:

Summary of Customer's Performance Soft Skills

Gain information from the staff at the Work Experience site and from observations made related to the customer's soft skills then rate the customer on the following criteria for the reporting period of the form.

Sections Below Completed After Last Work Experience Training Session for the Reporting Period

| Soft Skill | Excellent: meets expectations | Fair: meets expectations most of the time | Poor: does not meet expectations | Not applicable: not addressed |
|------------------------------|-------------------------------------|---|---|--|
| Ability to learn | | | | |
| Accuracy and quality of work | | | | |
| Accepts supervision | | | | |
| Adaptability | | | | |

| | | | | |
|---|--|--|--|--|
| Admits mistakes | | | | |
| Appearance, dress, and hygiene | | | | |
| Asks for help and clarification as needed | | | | |
| Attendance | | | | |
| Communication | | | | |
| Cooperativeness | | | | |
| Co-worker relations | | | | |
| Dependability | | | | |
| Handles stress | | | | |
| Initiative | | | | |
| Listens and pays attention | | | | |
| Motivation | | | | |
| Maintains eye contact | | | | |
| Quantity of work | | | | |
| Refrains from unnecessary social interactions | | | | |
| Respects the rights and privacy of others | | | | |
| Service to customers | | | | |
| Timeliness and deadline achievement | | | | |

Additional comments on soft skills, if any:

Additional Comments

Additional comments:

Customer Signature

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

Unable to obtain signature, describe attempts:

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.

Customer's signature:

X

Date Signed:

Provider Signatures

Type of Provider: Traditional-bilateral contractor Transition Educator Non-traditional

Premiums to be invoiced: None Mileage Blind Brain Injury other, specify:

Work Experience 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;
- Verification of the customer's and/or customer's authorized representative'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.

| | | |
|-------------------------------|---|---------------------|
| Typed or Printed name: | Signature: (See VR-SFP 3 on Signatures) X | Date Signed: |
|-------------------------------|---|---------------------|

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.

| | | |
|--|--|---------------------|
| Director Typed or Printed name: | Director Signature: (See VR-SFP 3 on Signatures) X | Date Signed: |
|--|--|---------------------|

- 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: <input type="checkbox"/> None <input type="checkbox"/> Autism <input type="checkbox"/> Blind and Visually Impaired <input type="checkbox"/> Brain Injury <input type="checkbox"/> 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 | |
| When applicable, verify a copy of an approved VR3472 is attached to the report. | NA | Yes | No |
| When applicable, verify when services provided in group setting, no more than 4 customers per trainer. | 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: |
| VR Counselor Review | | | |
| 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 the form indicates the work experience trainer provided training based on goals and focus areas on the VR1600, Work Experience Services Referral, service authorization. | Yes | No | |
| Verified the form contains narrative descriptions of the services provided by Work Experience Trainer and the customer's performance including progress towards goals. | Yes | No | |
| Verified the hours have decreased, as identified in goal, as the customer becomes better adjusted, more independent and no longer needs training supports. | NA | Yes | No |
| By typing or printing your name, the VRC verifies: | | | |
| <ul style="list-style-type: none"> • completion of the technical review, • services provided met the customer's individual needs, • services provided met specifications in the VR-SFP and on the SA, and • customer's or legally authorized representative's satisfaction with services received. | | | |
| Approve to pay invoice Do not approve to pay invoice | | | |
| VR Counselor: | | | Date: |