

Total number of hours the Customer participated in the training:

Record the date and method of VRC notification of customer's absences, when applicable:

Training instructional approaches used in the delivery of the curriculum to meet the Customer's learning styles and preferences (Select all that apply):

- Discussions
 PowerPoint presentations
 Inquiry-based instructions
 Hands-on experiments
 Project and problem-based learning
 Computer-aided instructions
 Others: Describe:

Group Training Facts

NA training not provided in group setting

Customers:

1.	2.	3.
4.	5.	6.

Instructions:

After the training is complete, use the scale below to rate the customer's competency related to the skills and knowledge areas list below.

Key for Levels	Descriptor
Proficient	<ul style="list-style-type: none"> Requires training to refresh knowledge and skills After training, capable of demonstrating skills and knowledge independently, but may need mentoring
Basic	<ul style="list-style-type: none"> Requires training to learn and demonstrate knowledge and skills After training, requires guidance and feedback for the customer to demonstrate knowledge and skills necessary to complete tasks or produce a product
Marginal	<ul style="list-style-type: none"> Requires hands on instruction to participate and demonstrate knowledge and skills taught in training After training, requires reinforcement or re-teaching of skills taught while demonstrating knowledge and skills necessary complete tasks or to produce a product
Reliant	<ul style="list-style-type: none"> Requires extensive and comprehensive assistance and supports to perform skills and to complete task or to produce a product Some skills, tasks and products may need to be completed for the customer to address disability and literacy factors

VR1850, Employment Data Sheet or Equivalent

Employment Data Sheet Section	Proficient	Basic	Marginal	Reliant
Demographics				
Arrest and conviction history, if any				
Paid work history				
Volunteer history				
References				
Employment skills				
Career objective				
Training history				
Occupational license or certification				
High school and GED information				

College education history				
Résumés				
Instructions:				
Does the referral or service authorization indicate Résumé training is required to support the customer's employment goal? Yes No If no, the completion of Résumé Training is optional.				
Résumé Tasks	Proficient	Basic	Marginal	Reliant
Identifying different types and purpose of Resumes, i.e. chronological, functional, combination, or targeted				
Collecting résumé contents such as education, work experience, credentials, and achievements that are used to apply for jobs				
Creating own résumé as necessary for customer's employment goals				
Tailoring and updating own resume for specific jobs				
Job Applications				
Job Applications Tasks	Proficient	Basic	Marginal	Reliant
Understanding the job application process for paper, Website (online), and kiosk applications				
Identifying appropriate responses to questions on job applications				
Writing clear descriptive responses to questions that are free of spelling and grammatical errors				
Identifying strategies to address employment barriers demonstrated by the customer				
Completion of job application(s) Type(s) Completed: Paper Website (Online) Kiosk				
References and Written Correspondence				
References and Written Correspondence Tasks	Proficient	Basic	Marginal	Reliant
Identifying and using professional and personal employment references				
Understanding when and how to request a person to be a professional and/or personal employment reference				
Understanding when and how to provide professional and personal employment references to potential employers				
Understanding how reference will be used for background verifications				
Identifying and using effective written correspondence when job searching				
Creating cover letters for applications and résumés				
Creating thank you letters related to employer correspondence or meetings and interviews				
Using and creating email correspondence				

Using and creating written correspondence sent via the U.S. Postal Service				
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Customer's Overall Performance

Instructions: Use the scale to rate the customer'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	Excellent	Very Good	Good	Marginal	Poor
Appearance and hygiene	Excellent	Very Good	Good	Marginal	Poor
Attendance	Excellent	Very Good	Good	Marginal	Poor
Attention	Excellent	Very Good	Good	Marginal	Poor
Communication	Excellent	Very Good	Good	Marginal	Poor
Cooperativeness	Excellent	Very Good	Good	Marginal	Poor
Computer literacy	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

Overall Training Summary

Describe the instructions, resources, and supplies the customer received throughout the entire training.

Describe the customer's ability and willingness to perform skills and tasks including all problematic issues or concerns that emerge.

Describe all accommodations, compensatory techniques, and special training needs required by the customer including why task had to be completed for the customer.

Recommendations related to future training that can enhance or improve the customer skills.

Additional Comments

Additional comments, if any:

Supplementary Required Documentation

- VR1850, Employment Data Sheet or equivalent
- Copy of resumé, if required on the VR1840.

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:

By signing below, I, the customer, 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:
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Provider Signatures

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:

Job Placement Specialist

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 satisfaction and service delivery obtained as stated above;
- I maintain the staff qualifications required for a Job Placement Specialist 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:
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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.

Director Typed or Printed name:	Director Signature: (See VR-SFP 3 on Signatures) X	Date Signed:
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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 Job Placement Specialist is a Transition Educator or Non-Traditional provider, skip this section.

Director's Credential:

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

Job Placement Specialist's Credential:

UNWISE website or attached VR3490 verifies, for the dates of service, the Job Placement Specialist listed above:
 maintained or waived the required UNWISE Credential
 did **not** hold a valid UNWISE Credential

UNWISE Endorsements:

UNWISE website verifies, for the dates of service, the Job Placement Specialist 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 Job Placement Specialist 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
Verify training provided as indicated on the referral (in person, remote or combination)	Yes	No
When applicable, verify a copy of an approved VR3472 is attached to the report?	N/A	Yes No
Verified that the form indicates the training was provided in a group or individual setting and, if in a group setting, a ratio of 1 Job Placement Specialist to no more than 6 customers was maintained	Yes	No
Verified the customer was trained with the customer's knowledge and skills evaluated for all training tasks included on the form	Yes	No
Verified a complete VR1850 or equivalent submitted	Yes	No
Verified a copy of customer's résumé was submitted, if required on the VR1845B	Yes	No
Verified that all supplies and resources necessary for the customer to participate in the training were provided	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 customer received the minimum required hours of service and the trainer-to-customer ratio was adhered to as described in the VR-SFP		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
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. <p style="text-align: center;">Approve to pay invoice Do not approve to pay invoice</p>			
VR Counselor:			Date: