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| Texas Workforce Solutions Logo | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Non-Bundled Job Placement Services**  **Interview Training Report** | | | | | | | | | | | | | | | | | |
| **General Instructions** | | | | | | | | | | | | | | | | | | | | | |
| **The Job Placement Specialist follows** **the instructions below when completing this form.**   * Complete the form electronically (on the computer) and answer all questions. * Write summaries in paragraph form in clear, descriptive English. Leave no blanks. Enter N/A if not applicable. * Print the form, obtain signatures, and submit. * Make certain that all standards are met before submitting this form with an invoice for payment. | | | | | | | | | | | | | | | | | | | | | |
| **Customer Information** | | | | | | | | | | | | | | | | | | | | | |
| **Customer name:** | | | | | | | | | | | **VRS case ID:** | | | | | | | | | | |
| **Service authorization (SA) number**: | | | | | | | | | | | | | | | | | | | | | |
| **Training Facts** | | | | | | | | | | | | | | | | | | | | | |
| **Training facilitated**: (Check all that apply)  In a group setting (maximum of six customers for each trainer)  In an individual setting (one trainer to one customer)  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 training | | | | | | | | | | | | | | | | | | | | | |
| **If training is facilitated in a group setting, record the TWS-VRS case IDs of all customers who participated in the group training session(s).** | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | 2. | | | | | | | | | | 3. | | | | | | |
| 4. | | | | | 5. | | | | | | | | | | 6. | | | | | | |
| **Training instructional approaches used in the delivery of the curriculum to meet the customer’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 | | | | | | | | | |
| Others Describe: | | | | | | | | | | | | | | | | | | | | | |
| **Attendance** | | | | | | | | | | | | | | | | | | | | | |
| **Record the date(s) and length of training using quarter hours** (.25 = 15 minutes, .50 = 30 minutes, .75 = 45 minutes, and 1.0 = 60 minutes) | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | **Length of Training:** | | | | | | | **Date:** | | | | | | **Length of Training:** | | | | | | | |
| **Date:** | **Length of Training:** | | | | | | | **Date:** | | | | | | **Length of Training:** | | | | | | | |
| **Date:** | **Length of Training:** | | | | | | | **Date:** | | | | | | **Length of Training:** | | | | | | | |
| **Date:** | **Length of Training:** | | | | | | | **Date:** | | | | | | **Length of Training:** | | | | | | | |
| **Date:** | **Length of Training:** | | | | | | | **Date:** | | | | | | **Length of Training:** | | | | | | | |
| **Total number of hours the customer participated in the training**: | | | | | | | | | | | | | | | | | | | | | |
| **Customer’s Responses to Training** | | | | | | | | | | | | | | | | | | | | | |
| **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 | | * Requires training to refresh knowledge and skills * After training, capable of demonstrating skills and knowledge independently, but may need mentoring | | | | | | | | | | | | | | | | | | | |
| Basic | | * 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 | | * Requires hands on instruction to participate and demonstrate knowledge and skills taught in training * After training, requires reinforcement or reteaching of skills taught while demonstrating knowledge and skills necessary complete tasks or to produce a product | | | | | | | | | | | | | | | | | | | |
| Reliant | | * 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 | | | | | | | | | | | | | | | | | | | |
| **Interview Training** | | | | | | | | | | | | | | | | | | | | | |
| **Interview Tasks** | | | | | | | | | | **Proficient** | | | | | | **Basic** | | **Marginal** | | **Reliant** | |
| Understanding the interview process | | | | | | | | | |  | | | | | |  | |  | |  | |
| Understanding the different types of interviews including screening, telephone, panel and/or group, behaviorally based, case, situational and technical | | | | | | | | | |  | | | | | |  | |  | |  | |
| Creating a 30–60 second “elevator” speech that summarizes why the customer is a good candidate for the job | | | | | | | | | |  | | | | | |  | |  | |  | |
| Delivering his or her “elevator” speech | | | | | | | | | |  | | | | | |  | |  | |  | |
| Demonstrating how to research businesses and positions prior to an interview | | | | | | | | | |  | | | | | |  | |  | |  | |
| Identifying questions to ask the business when interviewing | | | | | | | | | |  | | | | | |  | |  | |  | |
| Identifying typical interview questions asked by the business for the industry of the customer’s employment goal(s) | | | | | | | | | |  | | | | | |  | |  | |  | |
| Effectively answering typical interview questions asked by the business for the industry of the customer’s employment goal(s) | | | | | | | | | |  | | | | | |  | |  | |  | |
| Understanding and responding to questions related to protected classes and disclosure | | | | | | | | | |  | | | | | |  | |  | |  | |
| Requesting assistance, including disability etiquette | | | | | | | | | |  | | | | | |  | |  | |  | |
| Responding to complicated questions to that address the customer’s employment barriers | | | | | | | | | |  | | | | | |  | |  | |  | |
| Personal presentation for interviews such as grooming, dress, manners, etc. | | | | | | | | | |  | | | | | |  | |  | |  | |
| Completing a mock interview 1 | | | | | | | | | |  | | | | | |  | |  | |  | |
| Completing a mock interview 2 | | | | | | | | | |  | | | | | |  | |  | |  | |
| Completing a mock interview 3 (optional) | | | | | | | | | |  | | | | | |  | |  | |  | |
| Completing a mock interview 4 (optional) | | | | | | | | | |  | | | | | |  | |  | |  | |
| Completing a mock interview 5 (optional) | | | | | | | | | |  | | | | | |  | |  | |  | |
| **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](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 | | |
| Attention | | | | | | Excellent | | | Very Good | | | | Good | | | | Marginal | | Poor | | |
| Communication | | | | | | Excellent | | | Very Good | | | | Good | | | | Marginal | | Poor | | |
| Computer literacy | | | | | | 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 | | |
| **Overall Training Summary** | | | | | | | | | | | | | | | | | | | | | |
| **Describe the instructions and resources 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.** | | | | | | | | | | | | | | | | | | | | | |
| **Premiums** | | | | | | | | | | | | | | | | | | | | |
| **Instructions:**   * Service Authorization(s) for premium(s) must be issued prior to service delivery. * The Job Placement Specialist identifies compliance with the required qualifications for the premium. | | | | | | | | | | | | | | | | | | | | |
| Autism Premium  Yes  No | | | | | | | Brain Injury Premium  Yes  No | | | | | | | | | | | | | |
| Deaf Premium (Proof attached)  Yes  No | | | | | | | Blind Premium  Yes  No | | | | | | | | | | | | | |
| Other:        Yes  No | | | | | | | | | | | | | | | | | | | | |
| **Additional Comments** | | | | | | | | | | | | | | | | | | | | | |
| **Additional comments, if any:** | | | | | | | | | | | | | | | | | | | | | |
| **Supplementary Required Documentation** | | | | | | | | | | | | | | | | | | | | | |
| * Customer’s “elevator speech” is attached to report | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Customer Signatures** | | | | | | |
| **Verification of the customer’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, 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  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**: |
| **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 Job Placement Specialist 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 | | | | | | |
| **Job Placement Specialist’s Credential:** | | | | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Placement Specialist listed above:  maintained or waived the required UNTWISE Credential  did **not** holda valid UNTWISE Credential | | | | | | |
| **UNTWISE Endorsements:** | | | | | | |
| UNTWISE 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 a written copy of the customer’s “elevator speech” is attached to report | | | | | Yes  No | |
| Verified mock interviews were recorded, 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:**   * 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: |