



**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

**Instructions:**

- If training is facilitated in a group setting, record the instructors and record the VRS case IDs of all customers who participated in the group training session(s).
- Sign-in sheet for each class must identify the instructor(s) and may be requested to verify class ratio.
- The provider must ensure, a VR3472, Contracted Service Modification Request for Work Readiness has been approved by the VR director prior to the class, for every customer in a group when the ratio is greater than 1 trainer to 6 customers.
- When a training includes more than 18 customers, complete a second form for each customer so that all instructors and customers are recorded.

**Instructors:**

1.	2.	3.
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**Customers:**

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.

**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"><li>• Requires training to refresh knowledge and skills</li><li>• After training, capable of demonstrating skills and knowledge independently, but may need mentoring</li></ul>
Basic	<ul style="list-style-type: none"><li>• Requires training to learn and demonstrate knowledge and skills</li><li>• After training, requires guidance and feedback for the customer to demonstrate knowledge and skills necessary to complete tasks or produce a product</li></ul>
Marginal	<ul style="list-style-type: none"><li>• Requires hands on instruction to participate and demonstrate knowledge and skills taught in training</li><li>• After training, requires reinforcement or reteaching of skills taught while demonstrating knowledge and skills necessary complete tasks or to produce a product</li></ul>

Reliant	<ul style="list-style-type: none"> <li>• Requires extensive and comprehensive assistance and supports to perform skills and to complete task or to produce a product</li> <li>• Some skills, tasks and products may need to be completed for the customer to address disability and literacy factors</li> </ul>
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### 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.

	Excellent	Very Good	Good	Marginal	Poor
Ability to learn					
Accuracy of work					
Accepts assistance					
Adaptability					
Appearance and hygiene					
Attendance					
Attention					
Communication					
Computer literacy					

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, 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.**

### 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

### 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.

<b>Customer's signature:</b> <b>X</b>	<b>Date Signed:</b>
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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.

<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 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:**

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 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 UNWISE Credentials:**

1.	Date:	2.	Date:
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**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: