

Texas Workforce Commission Vocational Rehabilitation Services

Autism Spectrum Disorder (ASD) Supports Plan

Purpose

Autism Spectrum Disorder (ASD) Supports:

- is only for customers diagnosed with autism or displaying characteristics of autism,
- intended to identify and address skill deficits directly related to the customer's autism.

Instructions

- Billable time for the ASD Support Plan is **not to exceed 5 hours** and may include, but is not limited, to the following: consultation with the counselor, initial meeting with customer/guardian, email, phone correspondence with related parties, brief needs assessment to identify skills and completion of plan
- Provider is **not required to identify 5 skills**, but more than 5 is not recommended
- Once plan is completed, provider must review it with counselor and customer.

Customer Information							
Name of Customer	Customer ID	Age	Reported Disability				
Name of Referring Counselor	Date of Referral	Date Report Submitted	Date Report will be Reviewed				
Provider Information							
Name of Provider	Vendor Number	Phone Number	Email				

List individuals (ex. customer, family/guardian, friends, counselor and/or other professionals) interviewed, contacted or records reviewed to complete the plan:

Important Note to Provider: Are you providing job skills training services? If yes, then provider **must ensure** there is not a duplication of services by clearly documenting **identified skills are outside the role of a job skills trainer**. If not, plan will not be accepted by the counselor and any submitted invoice will not be paid until changes are made.

Criteria to Use When Choosing Skills to Target in Plan

The following criteria must be trucriteria:	e for each identified skill included in	n this plan. Check each box to ve	erify that all identified skill/s meet		
Skill is directly related to the customer's autism and outside the role of job skills trainer, Skill falls within 1 or more of the diagnostic characteristics of autism divided into 5 categories, Skill will present an eminent or a significant employment risk if not addressed, Skill is essential for performance of job tasks, Skill can be mastered in a relatively short period of time in either a group or individual setting, Skill must be able to be demonstrated in an employment setting.					
	Making Identified S	Skill/s Measurable			
Each skill must be measurable. A	A skill is measurable when it clearly	describes how the customer will	ll demonstrate mastery.		
For example:					
Skill #1: "Joe will recognize	ze when he is becoming anxious ar	nd use 1 of out 3 strategies to caln	n down"		
Skill #2: "When Joe does that, but the person in the	not know the answer to a question e red apron can help you"	asked by a customer, Joe will say	y, "I don't know the answer to		
	Rating Ident	ified Skill/s			
•	e to rate customer's current skill leved. Progress will be documented in				
At all times = (100%)	Provider has observed the custor	mer correcting demonstrating the	skill 10 out of 10 times		
Almost always = (90%)	Provider has observed the customer correcting demonstrating the skill 9 out of 10 times				
Most of the time = (80%)	Provider has observed the custor	mer correcting demonstrating the	skill 8 out of 10 times		
On average = (70%)	Provider has observed the custor	mer correcting demonstrating the	skill 7 out of 10 times		
Rarely or never = (60% or less out of 10 times less) Provider has observed the customer correcting demonstrating the skill 6 or less out of 10 times					
	Identified Skill/s Targ	geted for This Plan			
Skill #1:	Addresses category/s:	Current Skill Level:	Mastery Skill Level		
	Communication/Social	At all times (100%)	At all times (100%)		
	Sensory	Almost always (90%)	Almost always (90%)		
	Level of anxiety	Most of the time (80%)	Most of the time (80%)		
	Obsesses, restrictive	On average (70%)	On average (70%)		
	interests Comprehidity	Rarely or never (60% or	Rarely or never (60% or		
To address skill: what services	Co-morbidity s, strategies and or supports will	less) he provided?	less)		
10 addi 000 omiii. Wilat ool vioca	o, octatogico ana or supports will	o provided.			
Skill #2:	Addresses category/s:	Current Skill Level:	Mastery Skill Level		

	Communication/Social	At all times (100%)	At all times (100%)
	Sensory	Almost always (90′%)	Almost always (90 [°] %)
	Level of anxiety	Most of the time (80%)	Most of the time (80%)
	Obsesses, restrictive	On average (70%)	On average (70%)
	interests	Rarely or never (60% or	Rarely or Never (60% or
	Co-morbidity	less)	less)
To address skill: wh	at services, strategies and or supports	will be provided?	
Skill #3:	Addresses category/s:	Current Skill Level:	Mastery Skill Level
· · · · · · · · · · · · · · · · · · ·	Communication/Social	At all times (100%)	At all times (100%)
	Sensory	Almost always (90%)	Almost always (90%)
	Level of anxiety	Most of the time (80%)	Most of the time (80%)
	Obsesses, restrictive	On average (70%)	On average (70%)
	interests	Rarely or never (60% or	Rarely or never (60% or
	Co-morbidity	less)	less)
Skill #4:	Addresses category/s:	Current Skill Level:	Mastery Skill Level
SKIII #4:	Communication/Social	At all times (100%)	At all times (100%)
	Sensory	Almost always (90%)	Almost always (90%)
	Level of anxiety	Most of the time (80%)	Most of the time (80%)
	Obsesses, restrictive	On average (70%)	On average (70%)
	interests	Rarely or never (60% or	Rarely or never (60% or
	Co-morbidity	less)	less)
To address skill: wh	at services, strategies and or supports	,	1000)
OL:11 #F.	Addresses estemanys	Current Skill Level:	Mootony Ckill Loyal
Skill #5:	Addresses category/s: Communication/Social		Mastery Skill Level
		At all times (100%)	At all times (100%)
	Sensory	Almost always (90%)	Almost always (90%)
	Level of anxiety Obsesses, restrictive	Most of the time (80%) On average (70%)	Most of the time (80%)
			On average (70%)
	·	_ ` <i>,</i>	
	interests Co-morbidity	Rarely or never (60% or less)	Rarely or never (60% or less)

•	Hours can be provided in an	y combination of individual and	group recommended to achie	eve mastery of identified skill/s.
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•	No more	than 20	hours	will be	authorized	a	t one t	time
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Individual Supports	Group Supports		
Projected number of weeks:	Projected number of weeks:		
Projected hours per week:	Projected hours per week:		
Projected hours per day:	Projected hours per day:		

Signature

ASD Supports Provider's Name:

ASD Supports Provider's Signature:

VR Use Only- Counselor's Review

Counselor's Printed Name:

Counselor's Signature:

VR Use Only—TWS-VR Approval of the Report				
I verified that identified skills are related to customer's autism or characteristics of ASD	Yes	No		
I verified that identified skills are outside the role of a job skills trainer	Yes	No		
I verified that no more than 5 hours were billed for ASD Support Plan	Yes	No		
I verified that no more than 20 hours of supports were recommended		No		
I verified that the provider signed the report		No		
I verified that the counselor reviewed and signed the report	Yes	No		