



Texas Workforce Commission  
Vocational Rehabilitation Services  
**Embedded Pre-Employment Transition  
Services (Pre-ETS) Progress Report**

**General Instructions**

The Pre-ETS trainer follows the instructions below when completing this form.

- Complete the form electronically and answer all questions.
- Write summaries in paragraph form in clear, descriptive language that specifically describes the individual student’s experience. Enter N/A if not applicable.
- Once the form is complete, submit it to the counselor with the invoice for services.

**Student Information**

<b>Student’s name:</b>	<b>Case ID:</b>
<b>Service authorization (SA) number:</b>	

**Customer Attendance and Training Facts**

**Instructions:**

- You may bill up to 3 months on this form.
- Remote service must use a computer-based training platform that allows for face-to-face and/or real time interaction. Voiced telephone and text communication are not acceptable.
- When the Customer is absent for 3 sessions, notify the VR counselor within 3 business days. Payment will not be made for unexcused absences and minimum hours must be attended.
- In the columns below, for each day of the training enter the:
  - Date using month, day, year format;
  - Start and End Time of training or “A” if absent;
  - Training length using quarter hour .25 increments (Note: not present=0, .25 = 15 minutes,.50 = 30 minutes, .75 = 45 minutes, and 1.0 = 60 minutes);
  - Pre-ETS Areas Abbreviate each category using the following: Career Exploration- CE, Work-Based Learning (WBL), Counseling on Post-Secondary Training Opportunities (CPS), Workplace Readiness (WR), and Self-Advocacy (SA).
  - Training Delivery Method using P= Only in-person, R=Only remotely, B=In person and/or remote as dependent on customer’s needs;
  - Training Setting using G=group (maximum 6 customers to 1 trainer) and I=individual.
- Total the number of hours that the Customer attended the training. Payment will only be made for hours attended. If a partial hour was attended, round to the nearest quarter hour.
- Select training instructional approaches used.

**Number of months billed on this form:**

<u>Date</u>	<u>Start Time and End Time</u>	<u>Training Length And Pre-ETS Area</u>	<u>Training Delivery Method</u>	<u>Training Setting</u>
Example: 00-00-00	9:00 AM to 12:00 PM	3-WBL	P	G





## Training Summary

**Instructions: Describe the student's performance and learning during this billing period. Attach a separate page if necessary.**

Did the student actively participate and learn from the training?

Were there any challenges?

What else does the counselor need to know about the student's participation and performance in the training? In the topics covered during this billing period, does the student have additional training needs for mastery?

Describe all accommodations, compensatory techniques, and special instruction required by the student, if applicable.

## Additional Comments

**Additional comments, if any:**

## 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:

**NOTE:** If a signature or other contact cannot be obtained, an approved 3472 is required for payment.

By signing below, I, the customer, agree with the information recorded within the report above.

**Customer's signature:**

**X**

**Date Signed:**

## Director Signatures

**Director**

**By signing below, I certify that:**

- All statements in this document are true and accurate.
- Services were provided in the way described and in accordance with the contract for Embedded Pre-ETS.
- I am authorized to provide signature on behalf of the contracted party.

**Typed or Printed name:**

**Signature:**

(See VR-SFP 3 on Signatures)

**X**

**Date Signed:**

## Additional Comments

**Additional comments, if any:**