



Texas Workforce Commission  
Vocational Rehabilitation Services  
**Vocational Adjustment Training (VAT)**  
**Soft Skills for Work Success**

### General Instructions

**The vocational adjustment trainer 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 section or question 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

<b>Customer's name:</b>	<b>VRS case ID:</b>
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**Service authorization (SA) number:**

### Customer Attendance and Training Facts

**Instructions:**

- 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;
  - 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.
- Select training instructional approaches used.

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


**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.

### Customer's Responses to Curriculum

#### Instructions:

- Record the date(s) each task listed within the module was completed.

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

Key or Level	Description of Competency Level
Marginal	<ul style="list-style-type: none"> <li>• Limited or no understanding or knowledge</li> <li>• Requires supervision the majority of the time</li> </ul>
Basic	<ul style="list-style-type: none"> <li>• Basic understanding or knowledge</li> <li>• Requires some guidance or supervision</li> </ul>
Proficient	<ul style="list-style-type: none"> <li>• Detailed understanding or knowledge</li> <li>• Capable of assisting others in the application of skills and tasks</li> <li>• Requires minimum guidance or supervision and works independently</li> </ul>

Soft Skills for Work Success required module elements	Date Completed	Marginal	Basic	Proficient	N/A
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**Interpersonal Communication—Rate the Customer's knowledge and skills related to:**

Effective listening					
Following and giving instructions and feedback					
Conflict resolution					
Nonverbal communication					
Speaking and appropriate language used in the workplace					
Cooperating and working as a team member					
Providing good customer service					
Dealing with different personality styles					
Dealing with questions about one's disability with co-workers					
Do's and don'ts related to behaviors in the work place					
Communicating issues, concerns with employer and/or supervisor					

**Work Habits and Conduct—Rate the Customer's knowledge and skills related to:**

Work dress and personal presentation (includes grooming and hygiene)					
Time management					
Professionalism					
Balancing work and home life					
Concepts related to effective time scheduling					
Understanding importance of punctuality and attendance					
Understanding importance of workplace behaviors and attitudes					

**Work Ethic—Rate the Customer's knowledge and skills related to:**

Understanding characteristics of a good work ethic					
Understanding how to create and improve a good work ethic					
Understanding what is unethical behavior in the workplace					

Understanding characteristics of a negative work ethic					
<b>Problem Solving and Decision Making—Rate the Customer's knowledge and skills related to:</b>					
Understanding the steps in the problem-solving process: defining the problem, gathering facts, generating options, evaluating and implementing the most appropriate option, and monitoring the solutions, re-evaluating as necessary					
Understanding the steps in decision making process: identifying the goal, gathering information for weighing options, considering consequences, and evaluating decisions					
Understanding problem solving, critical thinking, and decision making related to work related assignments and barriers					
<b>Extension activities</b> (One is required; describe below.)					
1.					
2.					
<b>Journaling activity:</b> Topic Provided      Yes      No					
<b>Customer's Overall Performance</b>					
<b>Instructions:</b> 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
Communication	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
<b>Overall Training Summary</b>					
Describe the instructions, resources, and supplies <u>the customer</u> received throughout the entire training.					
Describe <u>the customer's</u> 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 <u>the customer</u> 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:

### Customer or Authorized Representative Signatures (See VR-SFP 3 on Signatures)

Verification of the customer's or authorized representative's satisfaction and service delivery obtained by:

Handwritten signature      Digital signature

By sending a copy of the document returned with a scanned signature

Unable to obtain signature, Record the date, time and method of each of the 3 attempts:

By signing below, I, the customer or authorized representative, agree with the information recorded within the report above. I agree I am satisfied with the services delivered. If you are not satisfied, do not sign. Contact your VR counselor.

Typed or printed name:	Signature: <b>X</b>	Date Signed:
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### Provider Signatures (See VR-SFP 3 on 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:

### Vocational Adjustment Trainer

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 Vocational Adjustment Trainer as described in the VR-SFP or Service Authorization; and
- I printed by name, signed my signature and entered the date below.

Typed or printed name of instructor 1:	Signature: <b>X</b>	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

Typed or printed name of instructor 2:	Signature: <b>X</b>	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

<b>Typed or printed name of instructor 3:</b>	<b>Signature:</b> <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>	<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> <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>	<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 Vocational Adjustment Trainer 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

**Vocational Adjustment Trainer's Credential:**

UNTWISE website or attached VR3490 verifies, for the dates of service, the **Vocational Adjustment Trainer(s)** listed above:  
     maintained or waived the required UNTWISE Credential  
     did **not** hold a valid UNTWISE Credential

**UNTWISE Endorsements:**

UNTWISE website verifies, for the dates of service, the Vocational Adjustment Trainer 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 Vocational Adjustment Trainer listed above maintained one of the following:  
☐ not applicable   ☐ 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
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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
When applicable, verify a copy of an approved VR3472 is attached to the report.	NA	Yes	No
Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.		Yes	No
Verified the customer received the minimum required <b>13</b> hours of face-to-face training		Yes	No
The trainer-to-customer ratio was adhered to as described in the VR-SFP		Yes	No
Verified that the training provided to the customer contained the <b>4</b> required module topics		Yes	No
Verified that the training provided to the customer contained the <b>1</b> required extension activity		Yes	No
Verified that the journaling activities were offered during the training		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
<b>Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:</b>			
1.	Date:	2.	Date:
<b>VR Counselor Review</b>			
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 that the vocational adjustment trainer used and documented on the form the various instructional approaches to meet the customer's learning styles and preferences		Yes	No
Verified that the vocational adjustment trainer provided all supplies and resources necessary for the customer to participate in the training through signature on form or by VR staff member contact with customer		Yes	No
<b>By typing or printing your name, the VRC verifies:</b> <ul style="list-style-type: none"> <li>• completion of the technical review,</li> <li>• services provided met the customer's individual needs,</li> <li>• services provided met specifications in the VR-SFP and on the SA, and</li> <li>• customer's or legally authorized representative's satisfaction with services received.</li> </ul>			
<b>Approve to pay invoice</b>		<b>Do not approve to pay invoice</b>	
VR Counselor:		Date:	